TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban capers. Preshould be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72shault

17318

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17317

	PLACE OF DEATH			re deceosed lived, if instituti	ion: Residence before admission)				
	a. COUNTY	35 a Par/2 4 a m	O. STATE	b. COUN	tty 3				
	monigmery-	MARYLAND	0.0						
	b. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		le corporote limits, write RUR	(AL ond give neorest town)				
	Betherda !	DOA	I ask	y Ton	71 121 473				
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol give street oddress)	d. STREET ADDRESS	1	e, IS RESIDENCE				
		, give 311001 Oder 322)	19 4	2	ON A FARM?				
-	Suburaan		17 Va	w less	AEZ NO				
3.	NAME OF First	Middle	Lost 4	. DATE Month	h Doy Year				
	OFCEASED (Type or print)	· Karal 7	leal.	DEATH Lec.	8 1967				
ς	SEX 6. COLOR OR RACE 7, MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HR				
0.	7. 11.11			lost birthdoy)	Months Doys Hours Min.				
	m Whele WIDOV	VED DIVORCED	Jet. 9-19	10 57 yrs.					
		b. KIND OF BUSINESS OR	11. BJRFHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT				
JUL	ing most of working life, even if retired)	ANDUSTRY.	100.	, /	COUNTRY?				
19	FATHER 2 MANNE	11). 17 1. 17 14	LA MOTHER MAINTH MAN		71.011.				
34.	PAINTERSONANTE	Annual Inc.	14. MOTHER'S MAIDEN NAM	lt.					
	John Kass	Neal	· Elora	Ulem h ex	4-				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	35				
(4	es no, or unknown) (If yes give war or dates of service)			7 , ~	Loon and				
4		351-03-3121	arion K	ede	adon				
	1B. CAUSE OF DEATH (Enter only one course per line	for (o), (b), ond (c).)			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	te Cenement the	owher is		ONSET AND DEATH				
	IMMEDIATE CAUSE (o) Acute Ceremany thrombes is								
				_					
	Conditions, if any, which gove (b)	ivanced severe c	eremary arter	ieseleresis	vears				
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	stoting the underlying couse DUE TO (c)	NC TO REATH DIST MOT DELATED TO	THE TERMINIST DISEASE CONDIT	DON CHIEN IN DARY 1/-Y	VIO WAS AUTODOV				
ON	stoting the underlying couse DUE TO	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?				
CATION	stoting the underlying couse DUE TO (c)	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES T NO				
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AL CERTIFICATION	stoting the underlying couse DUE TO lost.). DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 1B.)	PERFORMED? YES NO				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CERTITI	CALL	OI PEAIII			113	18			
1. PLACE OF DEATH 0. COUNTY	Montgomery		MARY	LAND	a STATE	E (Where de rylan	ceased lived, if institut b. COU		efare admissi	ion)		
b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)							
Bethesda	nd give negrest town)		45days		Ken	singt	on		15	1		
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in hospital, g	ive street address)		d. STREET ADDRESS				e. IS RESI ON A F	DENCE		
Naval Ho	ospital				4216 An	thony	Street			NO X		
3. NAME OF DECEASED	Firs	ł	Middle		Last	4. DA	TE Man	th	Day Ye	ear		
(Type or print)	George	9	Y.	NEW	HOUSE		ATH Dece	mber	21 19	~		
S. SEX	6, COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years last pirthdoy)	Manths Da		R 24 HRS.		
Male	Cauc	WIDOWED	DIVORCED		Nov. 30.	1921	46 yrs.	Multilis Da	YS TIOUIS	Min.		
10a. USUAL OCCUPATIO during most af workin	ON (Give kind of work done ig life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cou	nty & State, o		12. CITIZEI COUNT	OF WHAT			
U. S.	Navy				Romney,	West	Virginia		USA			
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME						
Robert 1					Zona Sha							
(Yes, na, ar unknawn	VER IN U.S. ARMED FORCES?) (If yes give war or dates af	service)	SOCIAL SECURITY NO.			eet	Add	ënsingt	on, Mo	d.		
Yes	1942-1962		2 26 0598	Mr	s. Margare	t B.	Newhouse,	4216 An				
	DEATH (Enter only one caus ATH WAS CAUSED BY:		(o), (b), and (c).) rcinoma of	the	and name b	7-22-	20		INTERVAL BE ONSET AND			
1210	IMMEDIATE CAUSE (u)	remoina or	LITE	utiliary c	Tadde	I.					
Condition il an	DUE TO											
	Canditians, if ony, which gove (b)											
stating the und		10										
	(c)											
PART II. OTHER	SIGNIFICANT CONDITIONS CO	INTRIBUTING 1	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE	CONDITION	GIVEN IN PART 1(a)		19. WAS AUT PERFORM			
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CURRED.	(Enter nature of injury	in Part I or	Part II of item 18.)					
물 Haur (JURY Month, Day, Year a.m. b.m. 19	20d. 11 While at war			CE OF INJURY (Hame, lary, street, affice bldg.,		Of. (City ar town)	(Caunty		(State)		
21. I cer	21. I certify that XI) (this hospital) attended the deceased fram Nov. 7, 19 67, to Dec. 21, 19 67, that (Ix (we) last saw the deceased drive an Dec. 21, 19 67, and that death accurred a 19655, M, fram causes and on the date stated above.											
		Jec 2	17.01	and mu	i dealii decoired	40055	_16, 110111 (00363			u ubuve		
ZZU. SIGNALUK	220. SIGNATURE ATTENDING MED. DIRECTOR DIRECTOR DEC. 21, 1967											
22c. PHYSICIAN NAME (Typ		A. Joh	es, M. D.		Naval	Hospi	tal, Bethe	sda, Md				
230. BURIAL, CREMAT	TION, 236. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d	LOCATION (City or To	own) (Co	unty) ((State)		
REMODAL TOPE			Indian M	ound	Cemetery		Romney, We					
	or Tyson Whee	ler Fu				EC'D BY REC		EGISTRAR'S SIGN	ATURE ()	ligha		
1331 Roc	kville Pike,	Rockv	ille, Mary	Land	DATE	DEC	28 1961	1	0	U		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages the and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, writen 72 hour offer deat Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY > o. STATE o. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 16 b. (ITY OR TOWN (If outside corporate limits write RURAL and give nearest town) by the IS RESIDENCE ON A FARM? d. STREET_ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO DE Middle DATE Month Year 3. NAME OF First OF DEATH DECEASED VICHOLSON 26 19 6 (Type or print) COL IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours and in any WIDOWED DIVORCED gug 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working lites even if retired) pleas physician PHYSICIAN: The law requires that the death certificate Laural 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, IS. WAS DECEASED EVER IN W. ARMED FORCES? 16. SOCIAL SECURITY NO attendi (Yes, ne. or unknown) (If yes give wor or dotes of service -30.828 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the haspital ar attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse be detached far use as the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO mid 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While 1952 10 . 1967, that (I) (we) last

O HOSPITAL OR ATTENDING Page 4 may be retained by VR A15 (4)

filed director, page should be filed

M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type

ADDRESS

26

21. I certify that (I) (this hospital) ottended the deceased from

236. NAME OF CEMETERY OR CREMATORY

DIRECTOR

19 67, and that death occurred at 8:30 M, from causes and on the date stated above.

22b. DATE SIGNED STAFF PHYS

23d LOCATION (City or Town (County) (Stote) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

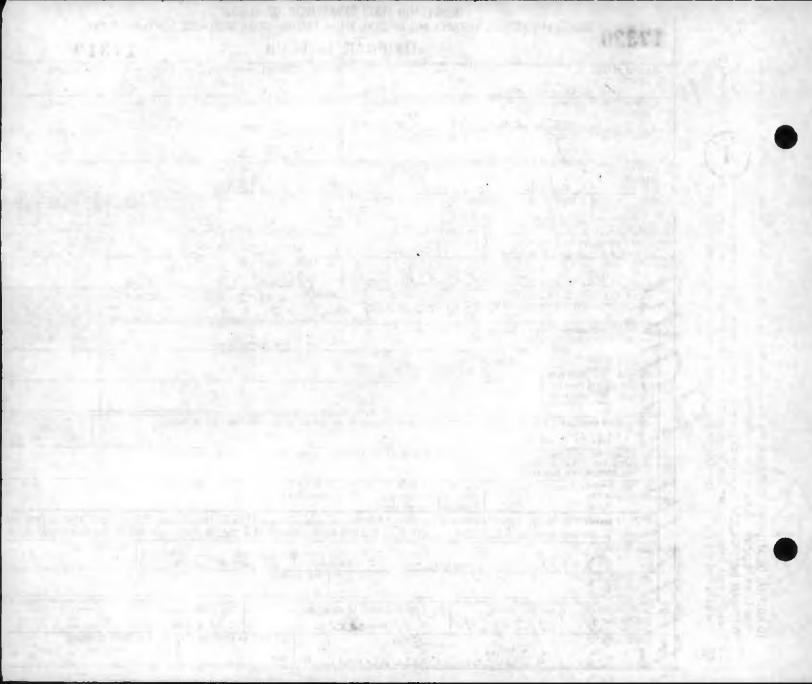
REMOVAL (Specify) 24. FUNERAL DIRECTOR

23b. DATE THEREOF

saw the deceased alive on Dec

22o. SIGNATURE

23o. BURIAL, CREMATION



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 72			17321		CERTIFICATE	OF DE	EATH		17320)
funeral and 2 refricath.			LACE OF DEATH COUNTY MONTGOMERY		MARYLAND	O. STATE	RESIDENCE (Where de	ceosed lived, if institution b. COUNT		,
by the			CITY OR TOWN (If outside corporate/lim write RURAL and give nearest town)	its,	C. LENGTH OF STAY IN 16	C CITY OR		porote limits, write RUF		
filled in papers.	70	E	NAME OF HOSPITAL OR INSTITUTION (IF		give street oddress)	d. STREET A				e. IS RESIDENCE ON A FARM? YES NO
etely fill	1	Ĺ	AME OF ECEASED (Ype or print) CHA.	First PLES	Middle	ORRIS	30	77		Year 19 67
and campletely remove carbon any event w	/	S. 3			NEVER MARRIED DIVORCED	8. DATE OF BI	IRTH	9. AGE (In years lost birthdoy)	Months Doys	IF UNDER 24 HI Hours Mi
icate be ex sician and please rem il, and in an		duri	USUAL OCCUPATION (Give kind of work doring most of working life, even if refired)	- IN	ND OF BUSINESS OR DUSTRY KLIMBIER & FLIE	0	LACE (County & Stote, o		12. CITIZEN OF)
th certificate the ling physician Then please remayal, and		13.	FATHER'S NAME CHARLES	./	RRIS		R'S MAJDEN NAME	Bown	ANS	
ne death certific attending phys permit. Then p ian, ar remaval,		IS. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCE: , no, or unknown) (If yes give war or dote	? 16. s of service)	SOCIAL SECURITY NO. 17. 17-09-1672 V	ERA	- WIF	Addre	AME	
law requires that the death certificate be executed within 24 haurs after deat rading physician. been signed by the attending physician and campletely filled in by the funeral been signed by the attending physician and campletely filled in by the funeral she burial-transit permit. Then please remove-carbon papers. Pages I and in the burial, crematian, ar remayal, and in any event, within 72 bours of the basis.			Conditions, if ony, which gove nise to immediate cause (a). Stating the underlying cause last.	(c)	(o), (b), ond (t).) cardial infarc	tion			ON	ERVAL BETWEEN ISET AND DEATH
d: The lar attented at a tree lar	1	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS							WAS AUTOPSY PERFORMED? 'ES NO
rsician aspital c certifical hed far it. af He			200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED.					
NG PHI y the ho er this e detad ate Dep		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	While at worl	Not While of foc	CE OF INJURY tary, street, offi		if. (City or town)	(County)	(State)
TAL OR ATTENDIN nay be retained by AL DIRECTOR: Aftr page 3 should be se filed with the Str			21. I certify that (I) (thi) he saw the deceased alive (n. 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ispital) often	deg the deceased from_ 1967, and tha	ATTENDIN	IG MED. DIRECTO	STAFF	, 1967, the and an the date 22b, DAY SIGN	
TO HOSPITAL Fage 4 may TO FUNERAL director, pag shauld be fi		230.	BURIAL, CREMATION, 23b. DATE 1 REMOVAL (Specify) 221223		23c. NAME OF CEMETERY OR Honocae		236.	LOCATION (City or To	wil) (County)	(Store)
VR A15 (4)	\$	24.	FUNERAL DIRECTOR	1 2	ADDRESS //	Tral	250. REC'D BY REG			tudo"

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

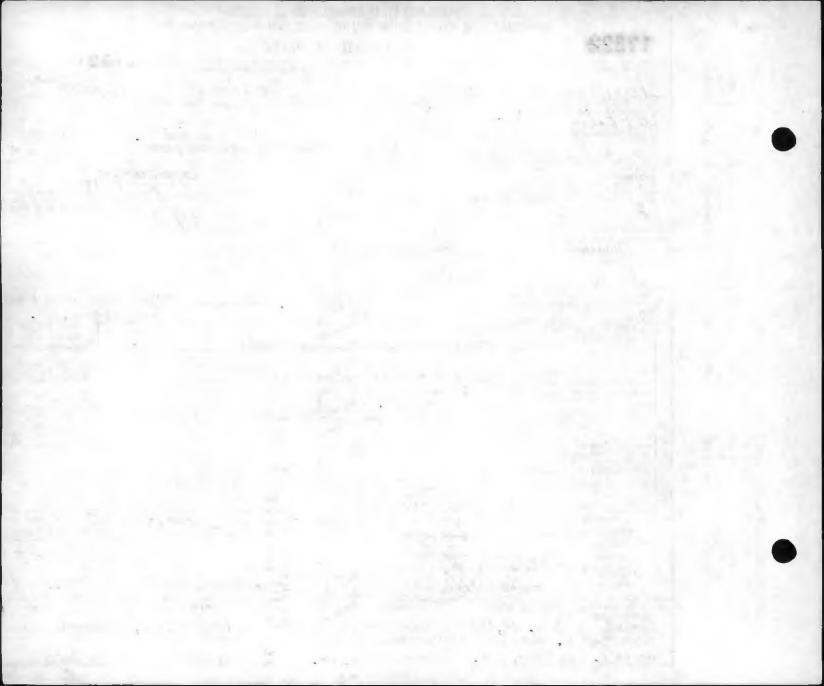
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 permit.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17322

CERTIFICATE OF DEATH

	17701
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE ONTY B. (OUNTY ONTO MENU)
b. CITY DR TDWN (If butside corporate amits, write/RURAL anadeive nearest town of the company o	c. CITY DR TDWN (If oriside corporate limits, write RURAL and give nearest town)
Randal La Hills Nursing Home	d. STREET ADDRESS 12 Bradford Rd. o IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
3. NAME OF DECEASED (Type or print) Conn & Middle	Novel 4. DATE DEATH DATE DAY 13/1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1. AGE (In years lost birthdoy) 1. AGE (In years lif under 24 Hrs.) 2. AGE (In years lif under 24 Hrs.) 3. AGE (In years lif under 24 Hrs.) 4. AGE (In years lif under 24 Hrs.) 4
100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER NAME a. Beckett	Jusan Milan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (If yes give wor or dotes of service) 219-51-173	17 Brooks E. Soderstrum 909995 Sligo Creek Pkwy Silver Spring, Md.
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Mayallages Interval Between onser and Death Manager
Conditions, if ony, which gove tise to immediate couse (a), stating the underlying cause lost. (c) Autorian large	sufaret minites
PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING OF DEATH (IF EITHER MOTIES MEDICAL EXAMINED)	PERFORMED? YES \(\sqrt{NO} \)
	RED. (Enter nature af injury in Port I or Part II of item 1B.)
Hour o.m. 19 While Not While of work of work	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
	that death accurred at 1967, to 12/15, 1967, that (1) (we) last
220. SIGNATURE	M.D. ATTENDING MED. DIRECTOR STAFF 12/14/19/7
220 PHYSICIAN'S NAME (Type) Richard Delandy	4323 HAVARDST. SILVERSPRING, ME
230. BURIAL, CREMATION, REMOVAL (Specify) Sugral Dec. 18, 1967 Mount Mori	ah Cemetery Kansas City, Missouri
Warner E. Pumphrey, Inc. Silver Spain	Avenue 250'. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH neral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b CITY OR TOWN (If outside corporate I mits, MARYLAND CITY OR TOWN of autside carparate limits, write RURAL and give nearest town t LENGTH OF STAY IN 16 write RURAL and give pearest town) Takona 3days Hyalts ville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled Hospital 7401 New YES NO IX 3. NAME OF DECEASED (Type or print) Middle DATE Manth OF DEATH Edward Noue s 12 S SEX 6. COLOR OR RACE 9 AGE (n years F UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT physican a COUNTRY? during most of warking life, even if retired) INDUSTRY RETIRE d 14. MOTHER'S MAIDEN NAME removal, cenc. e IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, arunknown) (If yes give war or dates of service 5 578-05-9877 BUN KNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (g); (b), pnd (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a). r this certificate has been si detached far use as the bi to Dont, af Health priar ta bi DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION mellitu NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Harne, form, 20c. IIME OF .N. JRY Month, Day, Year 20d INJURY OCCURRED at work (C tv ar tawn) (Caunty) (State) Haur a.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 1967. to 21. I certify that (1) (this haspital) attended the deceased from 12/13 12/16 19 67 that (1) (we) last 1967, and that death accurred at 1122 M, from causes and on the date stated above saw the deceased alive on_ 22a SIGNATURE 22b DATE SIGNED directar, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Buriel 12-20-67 Ft. Lincoln Cemetery

VR A15 (4) 25M 1/67

within 24 haurs after

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

24. FUNERAL DIRECTOR

2SG REC'D BY REGISTRAR DATE C 2 1 19 Washington, D.C.

2Sb. REGISTRAR S

Prince George.



FOR STATE

HEALTH DEPT.

2, and 3 to

This certificate shauld be executed with n 24 haurs ofter death If any delay is

in puncil in Item 18. Give Pages 1,

pmpuj pmd,

nacessary, please execute the certificate, writing the ward

TO DEPUTY MEDITAL EXAMENER:

5 may be retained for your files.

Heath priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

the fulleral director. Page 4 shaula to farwarded to the Chief Medical Examiner's Office along with farm

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17323

		1, (0,04)
ľ	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	O. COUNTY MARYLAND	MARYLAND MONTGOMERY
	b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TAKOMA PARK 14 DAYS	SILVER SPRING
,	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
	WASHINGTON JANITARIUM & HOSPITAL	1602 CAREY LANE YES NO 8
	3 NAME OF First Tract of Middle OF Pirst Tract of Middle (NMN) OC (NMN) OC	LONNOR OF DEATH 12 25 19 67
	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH - 6 - 02 9 AGE (In years 1F UNDER 1 YEAR 1F UNDER 24 HRS 1F UNDER 25 HRS 1F UNDER 25 HRS 1F UNDER 25 HRS 1F UNDER 26 HRS 1F
	10a, US., AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUS NESS OR INDUSTRY Own dome	1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? COUNTRY?
Ì	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	FRANK B MARTIN	GRACE Mc CHESNEY
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 218-54-7655	Prs. CHART 1161 H. t. V', csh., S.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (o)	rest during surgery
1	Conditions, if ony, which gove) (b) Associated	with artoning of the
-	rise to immediate couse (o), Stoting the underlying couse	O.
-	lost. (c) Heart	Tisease & arrhithmias
	PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	PR MARY Or CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Port I of tem 18)
		ICE OF INJURY (Home, form tory, street, affice bldg., etc.)
-	21 I certify that I took charge of the remains described above, he	eld an Autopsy 📈 , Inspection 📈 , Inquiry 📈 , ond in my opinion
	death resulted from Notural causes Aprideon Suid	cide 🔲, Homicide 🔲, Undetermined monner 🔲
-	ACTUAL KOOD FILES	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE SIGNATURE	MD ASSISTANT MEDICAL EXAMINER L.
2.0	EXAMINER'S BELDEN K. KEAP M.	D, Address Whole Styles of county) DEC. 26, 1967
	230 BURIAL, CREMATION, 230 DATE THEREOF 230 NAME OF CEMETERY OR DEMOVAL (Specify)	
-	SWILL Dec. 27, 1967 Pock (rech.	250 REC'D BY REGISTRAR 25b REGISTRARS S GNATURE
	homas then steemes	DEC 20 1967

VR A15ME (5) 6M 1/67

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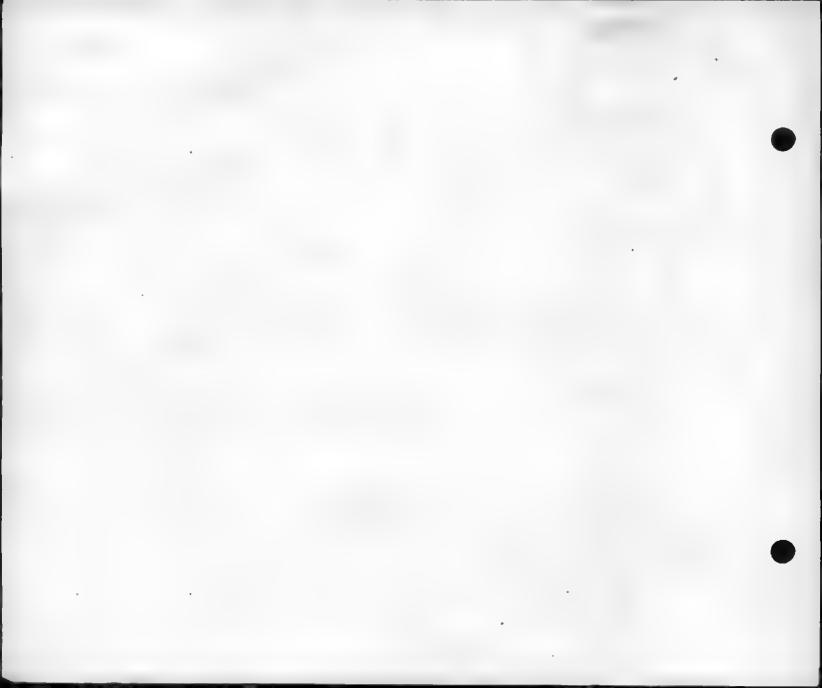
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17325

					2.10.47								
		PLACE OF DEATH O. COUNTY MOTI	tgomery		MARYL	o. STATE Maryland b. COUNTY Montgomery							
		CITY OR TOWN (If a	utside corporate limit	is,	c. LENGTH OF STAY IN 16		c CITY OR TOWN (If outside corporate limits, write RURAL and give near					town)	
	E	Be Wife RURAL and (b)	A Und Think		33 days		Rockville				/		
		NAME OF HOSPITAL	OR INSTITUTION (If a	ot in hospita, g	ive street address)		d. STREET ADDRESS				6	IS RESID	ENCE
		Naval Hos					306 Readi				\	res 🔲	NO X
. "		NAME OF DECEASED (Type or print)		rbert C	. ORAM		Lost	4. DAT OF DEA	10	h	Doy 14	Yea 19 F	
	5	SEX 6	COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (n years	IF UNDER		IF UNDER	
	Ma	ıle	Cauc	WIDOWED	DIVORCED	14	SEPT 1895		last birthary)	Months	Days	Hours	Min
	10a duri	USUA, OCCUPATION (Ging most of working life	ve kind af work dane even if retired)		ND OF BUSINESS OR OUSTRY		11 BIRTHPLACE (County Massachuse		foreign country)		IZEN OF UNTRY?	WHAT USA	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
		In:	formation	not a	vailable				n not avai				
	S	WAS DECEASED EVER II	US ARMED FORCES?		OCIAL SECURITY NO.		_		ading Awdre	iss			
	(18	s, no grynknown)	Age W. WO. W. College	ni zeraice) N	ot known	Le	ona Oram I	Rocky	ille, Md.				
		PART I. DEATH	H (Enter only one cou WAS CAUSED BY IMMEDIATE CAUSE	TATEA	(o), (b), and (c)) TERAL CONF	JUEN	T LOBU LAR	PNEU	MONITIS			RVAL BETY ET AND D	
		Conditions, if any, w	1	(b)									
		rise to immediate c stating the underlyi lost.		. ,									
			FICANT CONDITIONS (O DEATH BUT NOT RELAT	TO TO I	UL TERMINAL DISTACE CO	MOITION C	(VEN IN DADT 1/a)		10	WAS AUTO	NSV
1	ATION	PART II OTHER SIGN	TICAMI CONDITIONS (ONIKIBUI NO 1	O DEATH BUT NOT KEEN	י או ייני	UL TEKWANAL DISEASE CE	MUITIUM G	TEN IN PART I(0)			PERFORME	D? NO 🔲
	L CERTIFICATION	200 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b DES	SCRIBE HOW INJURY OCC	URRED (Enter noture of injury in	Port I or I	Part II of item 18)				
	MEDICAL	20c. TIME OF INJURY Hour om p.m.	19	While of work	Not While at wark	facto	E Of INJURY (Hame, for ary, street, affice bldg., etc			(Cou	nty)	(5	itote)
		21. I certify saw the dece	that (I) (this has ased glive og 1	pital) attend 4 DEC	led the deceased fr	om_L id that	death accurred a	1,00	ta 14 DEC	, 19 <u>./</u> and an th	, the	at (1) (v stated	ve) last abave.
		220 SIGNATURE		lin		M.D	11110	MED DIRECTOR	STAFF PHYS.		TE SIGNE DECE	D MBER	. 37
		22c. PHYSICIAN'S NAME (Type)	E. PERLIN	, LCDR,	MC, USN		22d ADDRESS IJAVAL I	KSPI'	TAL, BETH	ESDA,	MD.		
		BURIAL CREMATION, REMOVAL (Specify) Surial	23b DATE TH 12/19		23c NAME OF CEMETE Parklawn C				tocation (cmy or To kville, Ma	,	(County)	12)	ote)
		FUNERAL DIRECTOR	1331	Montgo	meryADORIS.			D BY REG	STRAR 2Sb RE	GISTRAR'S SI	GNATUR	E	
7	vs	on & Whee					D	EC 9	1 1007 (Milson	1. () and a	JA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral adjusted on papers. Pages 1 and 2-director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2-shauld be filed with the State Dept. of Health prior to burial, gemation, or remaval, and in any event, within 22-bouls after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 4



TO MUSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath certificate De Executed

Roge 4 mmy be retained by the Bospital or attending physician

VR A15 (4) 25M 1/67

hin 24

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the read director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Lend 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death.

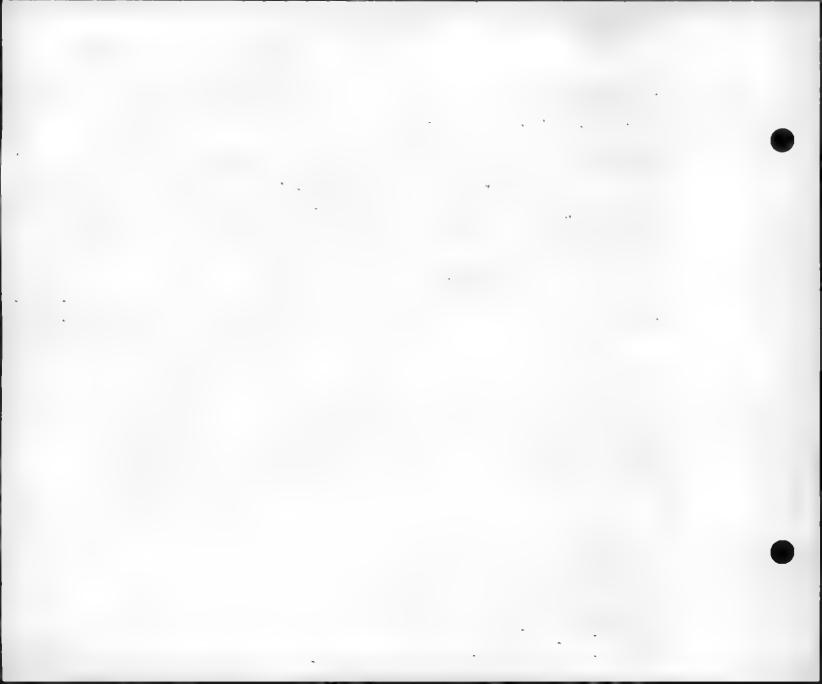
327

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17326

		PLACE OF DEATH O_COUNTY				2. USUAL RESIDENCE (V	Vhere deceased			ore admission)
	-	MONTGOME	PY	MARYLAN		MARYL	PND	b. COUNT	NTGOM	IERY
	1	 CITY OR TOWN (If outside corpor write RURAL and give nearest to 	rote limits,	c LENGTH OF STAY IN 18	5	c CITY OR TOWN (If ou	tside corporate			
		AKOMA FAL	ek	DOR		SILVER	00	RING		
	(d NAME OF HOSPITAL OR INSTITUTI		give street oddress)		d. STREET ADDRESS	_	^	47.	e IS RES DENCE ON A FARM?
	-	WASHINGTON	SAN. &	1105P		8105	CASTE	RN TTY	E 3/4	YES NO X
		NAME OF DECEASED (Type or print)	PLEY	Middle	05	WALT	4 DATE OF DEATH	Month /2 -	26	1967
	5	- 1.7.		NEVER MARRIED DIVORCED	В	7- 1-86	. 1	AGE (In years last burthday)	Months Days	IF UNDER 24 HRS Hours Min
	10a	USUAL OCCUPATION (Give kind of w		ND OF BUSINESS OR	71	1) BIRTHPLACE (County)		an country)	1 12 CITIZEN C	DE WHAT
	dur	ing/most of working life, even if retire	(d)	wn dome		M155153		g	COUNTRY	2
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN I			1000	
		learge wolf	6500	<i>1</i> -7-		SYBIL	WH.			
	IS IVa	WAS DECEASED EVER IN U.S. ARMED is, npr, or unknown) (If yes give wor	FORCES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT		210 dyagies	enten 40	e. S.S.
		Vo	2	13-54-6661	GR	AGE OSO	WALT	- 5A1		d
		1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per lipe for	(a), (b), and (c).)	0	, -				TERVAL BETWEEN NSET AND DEATH
			TE CAUSE (a)	many	Q-c	elicen				elelin
		Conditions, if any, which gove 3	DUE TO CO	A.T.	. 0	- Pm		7	11	174
		rise to immediate cause (a),	(b) DUE TO	Curcus +	· Chi		newy	- may	11	(1- ps
		stating the underlying cause so	(1)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART							IN PART 1(o)		. WAS AUTOPSY PERFORMED? YES NO	
	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH	ESCRIBE HOW INJURY OCCUR	RRED (E	nter noture of injury n i	Port 1 or Port I	1 af tern 1B)		
	MEDICAL	20c TIME OF INJURY Month, Dog Hour a.m. p.m.	7, Yeor 20d I While otwor	Ngt.While	e PLACE foctor	OF INJURY (Home, form y, street office bldg., etc.)	20f	(City or tewn)	(County)	(Stote)
		21. I certify that (I) (†	his haspital) giten			1	9 50 ta			hat (!) (we) la:
		saw the deceased alw	zan /	19/2 /, and	that	death occurred at	M,	fram causes a		te stated above
		220 SIGNATURE	nou	9.2.	MD	PHYS.	MED. DIRECTOR	STAFF	22b DATE SIG	26/67
t i		22c. PHYSICIAN S NAME (Type)	Mors	e e		22d. ADDRESS OF AV	vell A	ve Tu	homala	uh me
	230	DEMOVAL (Cancella)	DATE THEREOF	23c NAME OF CEMETER				TON (City or Tow		
	120	range much le						son, frid		
	13	asment business C. J.		8434 ADDRESS rgio		£11.15.77.	BY REGISTRA		STRAR'S SIGNATU	
		we ell to a straight of	C C	C. Luci Sub.		A DATE 1	1 13 /	40/PO	Charles March	1 1 1



for state

HEALTH DEPT.

ment &

Deport

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State

Health prior to burial, crematian, or remayal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This cert ficate should be executed within 24 hours after death. If c...y delay is

1:328

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17327

		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a GOUNTY
1	L	Ment worker Maryland Merryland Montornery
	۹	t LENGTH OF STAY IN 1b c CITY OF TOWN (If our fide carparate limits, write KuRAL and give neglest town)
		d_NAME OF HOSPITAL OR NSTITUTION (If not in haspital, give street gddgess) d. STREET ADDRESS e 15 RES DENCE
	-	University Nursing Hermo 12800 Teaberry Road VES 10 NO X
		NAME OF First Middle Lost 4 DATE Month Day Year,
	(Type or prof) NORKIS - PARELMAN DEATH DEC, 24 1961
	SS	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 24 THS DIVORCED 3/20/1882 9 AGE (In years FUNDER 24 THS Min.
		USUA, OCCUPATION (G ve kind aff wark dame am ark dame ark
		Surinessmess RESTAURANI Russia USA
	13	FATHER'S NAME
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address S.C.
		s, no, or unknown) (If yes give war ar dates of service) UNKNOWN FAMUELTS PARELMAN 1060Y BUCKNELL DR
		18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardioresperatory Jackies ONSET AND DEATH
		DUE TO Protection of the Color
		Conditions, if any, which gave inse ta immediate cause (a). (b) Will re-
		storing the underlying cause (c)
		PART II OTHER'S GNIFICANT COUND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
1	FICATION	Generaliza a arteriores leverses. YES NO DE
	CERT FIC	2Do EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b DESCRIP HOW INJURY OCCURRED (Enter nature of injury - Port 1 or Port 1 of tem B.)
		CAUSE OF DEATH.
	MEDICAL	2Dc T ME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame fairs Hour a.m. 20f (City or town (Causty) (State)
	*	pm. 19 at work at work
		21 I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from Natural causes, Accident, Suicide, Hamicide Undetermined manner
		CHIEF MEDICAL EXAMINER
		SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAM NER 22. DATE SIGNED
1		NAME (Type) BELDEN R. KEAP, M.D. ALLES FLOWER DEC. 24 1967
	23a	BURIA, CREMATION, 23b DAI/ THEREOF 23c NAME OF CEMP'ERY OR CREMATORY 23d LOCATION (GILD OF WIN) (GUIDE) (Store)
		REMOVAL (Specify) 12/26/67 mt-Sharon (cen red. ou. /te.
	-175	FUNTRAL DIRECTOR ADDRESS ADDRE
	24	JUNERAL DIRECTOR JUNEAU HOURS STAR 250 RECO BY REG STRAR 250 REGISTRAR S SIGNATURE DATE C 2 7 1967

VR A 15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate write, write RJRA), and give negrest town) write RURAL and give negrest town? OR ATTENDING PHYSICIAN: The low requires that the duath certificate be exacuted within 24 haars Washington, D. C. SHIVER SPRING d STREET ADDRESS Washington. D. C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4000 Mass. Ave., N. W. NOXX CHEVI CHASE MORS. & CC.V. CENTER Middle NAME OF Elizabeth (Type or pnnt) 12 19 67 Bobman Dec. FARTS DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH 9 AGE (in years SELLINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) 11/11/02 WIDOWED SCI DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. US., AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** U.S.A. Philadelphia. Pa. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME buriol, cremotion, or removol, Julius Bobman Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Sil. Spr. Md. permit. (Yes, no, or unknown) (If yes give wor or dates of service) 900 Clintwood Dr None No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the barriof-transit g ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** TIle low requires the Poge 4 may be retained by the hospital or ottending physicion. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached for use os the State Dept. of Health prior to hos been 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING III CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After 1950 , 19 , to Dec. 12 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ Dec 11 19 67, and that death occurred at 22 M, from causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR 12-12-67 22d. ADDRESS 22c. PHYSICIAN'S 2480 16th St., 1. 1., lash., D. C. NAME (Type) 23o. BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial Philadelphia, Pa. 12/14/67 Roosevelt Cemetery 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 18 Goldberg Funeral Home 4217 9th St.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

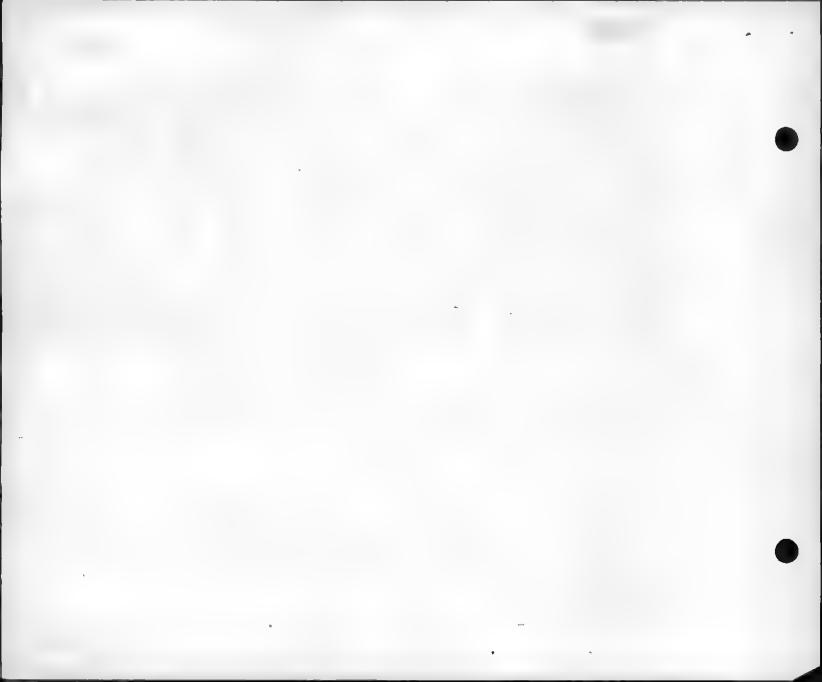
CERTIFICATE OF DEATH

17329

		PLACE OF DEATH 2. COUNTY		2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE b (OUNTY)					
	ŀ	CITY OR TOWN (1) outside sousorote limits,	c. LENGTH OF STAY IN JU	c CITY OR TOWN (If ou	its de corporare limits, write RURAL	and give negrost town)			
		write AURA and give invest town)	IT. O.H.	34-11-	Chase H	venue!			
	(I. NAME OF HOSPITAL OR INSTITUTION (if not us hi	ospita, give street oddress)	d-STREE ADDRESS	Roll-d.	e S RESIDENCE ON A FARM?			
	3 1	NAME OF FIRST	Middle /	los	4 DATE Month	Doy Year			
		DECEASED (Type or pnnt)	y &	atten	OF DEATH TIME.	3/ 1967			
	5. 5	/ " toto () " //	RRIED NEVER MARRIED	8 DAIL H		UNDER 1 YEAR OF UNDER 24 HRS Onths Doys Hours Min.			
	10o	USUAL OCCUPAT ON (Bive kind of work done	IDOWED DIVORCED DIVORCED DIVORCED	HPLACE (County	& State, or foreign county)	12 CITIZEN OF WHAT			
,	dun	ng most of work ng Me, even if retired)	INDUSTRY ULIFE	1 //	nselvania	COUNTRY?			
	/3.	FATHER'S NAME	114	14. MOTHER 5 MAIDEN					
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	I 16 SOCIAL SECURITY NO 1 17	INFORMANT	The Zo	1.11			
	(Ye	s, no, or Jaknown) (If yes prof war or dotes of servi	, No. of the case	Vife-1	Elisabeth	Oatter.			
		CAUSE OF DEATH (Enter only one duse per PART 1 DEATH WAS CAUSED BY	4.11	/	- do - /	INTERVAL BETWEEN ONSET AND DEATH			
	4	IMMEDIATE FAUSE (6)	MYOCARI	3142 110	1-1912CV 10V	6 WILL			
		Conditions, if ony, which gave) (b)							
		stoting the underlying couse lost.							
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY			
e .	CATIO					PERFORMED? YES NO			
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18)				
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ACE OF INJURY (Home, form tory, street, office bldg., etc.)		(\(\gamma_n\)			
		21. I certify that (1) (this hospital)	attended the deceased from_		9 50, to Just				
		saw the deceased alixe an	ey 35,19(7, and tha	n death accurred at		on the date stated obove			
		New &	Conum M.		MED. STAFF DIRECTOR PHYS.	12/31/02			
		22c PHYSICIANS NAME (Type) DR. LEO	DONOVAN	22d. ADDRESS	WILCONSI	~ AVE			
	230	BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)			
4		REMOVAL (Specify) 1-5-68 FUNERAL DIRECTOR	Baltimore N		Baltimore, 1	Mary Land			
		BURT A. PUMPHREYK		Land DAKAN		wes Joseph			

puo

TO HOSPITAL OR ATTENDING PHYSICIAN: The law reguires that the death certificate b≡ executed within 24 hours after Beath Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Labould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 25M 1/67



25b. REGISTRAR S SIGNATURE

DATE DEC 29

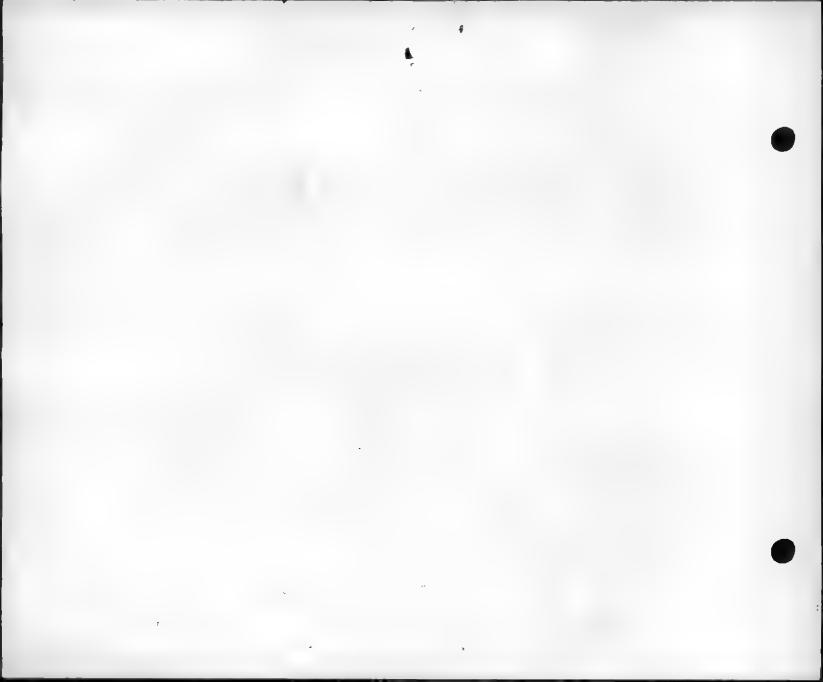
VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 GERTIFICATE OF DEATH death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b** COUNTY within 24 haurs after b CITY OR TOWN (If outside corporate armits, c. CITY OR TOWN write RURAL and give nearest town) uer pring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely tr NAME OF Middle First DATE Month DECEASED OF DEATH (Type or print) The law requires that the death certificate be executed S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and in any WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Youse ENNSYI vania 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME remaval V RISTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Ь 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), signed by the burial-transit p PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause has been Health 3 ATTENDING PHYSICIAN: this certificate 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour 'o.m. Not While factory, street, affice bldg., etc.) After at work 21. I certify that (I) (this hospital) affended the deceased from anid saw the deceased attve an 22o. SIGNATURE PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS

ec. 196 IF UNDER 1 YEAR AGE (n years IF UNDER 24 HRS lost birthday) Months Doys 12 CITIZEN OF WHAT COUNTRY? PHILPOTT-SEE ITEM #2. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) No 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (City or town) (County) (Stote) and that death accurred at 430P M, from causes and on the date stated above TO FUNERAL DIRECTOR: 225. DATE SIGNED directar, page 3 shauld be filed v O HOSPITAL NAME (Type) 8641 Colesville Rd., Sil. Spr., Md M.D. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C'ty or Town) REMOVAL (Specify) New Castle, Pa. Oak Park Cemetery 12-19-1967 Removal 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Aye. N.W 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Wash. DATE

Day





12 CITIZEN OF WHAT COUNTRY? U. S. A. Harvey Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO (County) (State) 196 Z. that (!) (we) lost and that death occurred of b. PM, from causes and on the date stated above. 22b. DATE SIGNED Street N. W. 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) National Memorial urial 2-10-1967 Falls Church 1967^{256.} 24. FUNERAL DIRECTOR **ADDRESS** Goldberg Funeral Home 4217 9th

MARYLAND STATE DEPARTMENT OF HEALTH

nontgomery

Doy

IF UNDER 1 YEAR

Months

IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

Hours

NO DO

TO FUNERAL DIRECTOR:

VR A15 (4) 20 M 1/66



s after death

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban lapase. Peshauld be filed with the State Dept af Health priar to burial, crematian, ar remaval, and in any event, withla 72 hour

MARYLAND STATE DEPARTMENT OF HEALTH

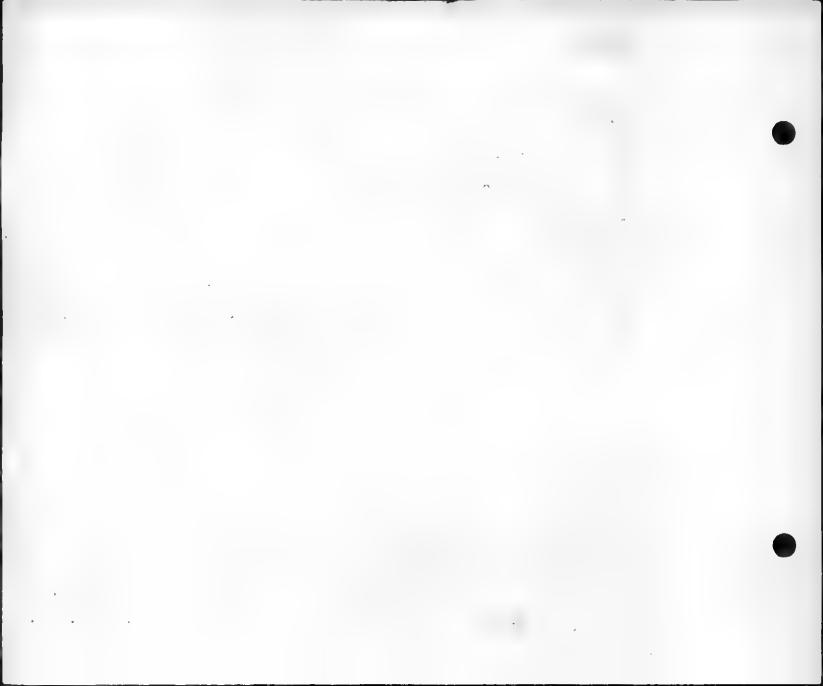
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH 17334
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY MONT GO ME RY MARYLAND	o. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	r. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)
write RURAL and give nearest town) 14 OAYS	LAYTONSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. Street address e is residence on a farm?
MONTGOMERY GENERAL HOSPITAL	YES NO X
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
(Type or print) KOBERT LAMAR	PLUMMER DEATH 12 1907
5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost burthday) Months Doys Hours Min
MALE WHITE WIDOWED DIVORCED	10-13-92 Tost of months Doys Hours Min
100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CÎTIZÊN DE WHÂT COUNTRY? USA
during most of working life, even if retired) RETIRED INDUSTRY CARPENTER	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HOWARD A. PLUMMER	R. IDA CRAWFORD
No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dotes of service) 2/8-/0 8492 M	EDICAL RECORD DEPT.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause DUE TO DUE TO	clas accident-basilas ortors 6 mas.
lost. (c) PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
& Burcho sneumona, Diahetes millitus,	PERFORMED?
Bunchs preumonik, Diabetes millitus 200 ACCIDENT WAS INDERLYING 20th DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 20th DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour om. 10 While Not While fool	(Enter nature of injury in Port 1 or Port 1 of Item 18)
20x. TIME OF INJURY Month, Doy, Yeor Hour o m. p.m. 19 20d INJURY OCCURRED 20e. PLA foot of work of work of work 19	ICE OF INJURY (Hame, form, 201 (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased from	, 1965, to Alec 16, 1967, that (1) (we) las
saw the deceased alive an Luce 6 1967, and tha	t death accurred at 305 M, from causes and an the date stated above
Tresleich Morman M.	D. PHYS. X DIRECTOR PHYS. 22b DATE SIGNED 12-6-67
22c PHYSICIAN'S NAME (Type) FREOERICK MOOMAU, M. D.	MEDICAL CENTER, SANDY SPRING, MD.
230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (State)
Burial 12-9-67 Laytonsville	Laytonsville Mont Md.
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE
Francis H. Barber Laytonsville, Md.	BETC 8: 1967 Milliantin Judges

BEC 8



*	toms 18-21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 1-15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	### MEDICAL EXAMINER'S CERTIFICATE OF DEATH ### 1335
HEALTH DEPT.	PLACE OF DEATH O COUNTY MONTGOMERY MARYLAND O STATE MARYLAN D
y delay	b CITY DR TDWN (If outs de corporate limits, write RURAL and give nearest town) Write RURAL and give pearest town) 23 hrs. Sandy Spring / /
2 - E d	d NAME DE HOSPITAL DE INSTITUT ON (If not in hospitol, give street address) Holy Cross Hospital BURET ADDRESS e S. RESIDENCE ON A FARM? YES NO
after death P. S. Give Pages along with the Sfote	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) George Alexander Powell DEATH 12 9 19 67
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF_NDER YEAR FUNDER 24 HRS Iost burthdoy) Months Doys Hours Min Sex Sex Name Negro W DOWED DIVORCED Sex Sex
hou Item Offic Iond	10b. USCAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher Hospital 7 Sandy Spring Md. USA
within pencil xamine ile pag haurs	13. FATHER'S NAME A. Chase Imma Powell
be executed pending" in nief Medicol E insit permit F ent within 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) NO Brother/Milton Powell/SandySpring Mc
-0	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. Shock and acute diffuse purulent ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
erif cote should I writing the word worded to the Ch sed os a buriol-tra ol, and in ony every ol, and in ony every	Conditions, if ony, which gave rise to immediate couse (a). stoling the underlying couse (b) peritonitis due to traumatic rupture DUE TO (c) of ileum
s c for low	PART II OTHER S GNIFICANT COND LONG CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE COND LON GIVEN IN PART . 19 WAS AUTOPSY
벌로 끝날	PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PR MARY 3D OF CONTR BUT NG CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of nurry in Part I or Part I of term 18) Deceased, driver, collided head-on with another auto.
三 8 2 ★ 2 倍	20c TME OF INJURY Month, Doy Year 20d INJURY OCC. RRED 20e PLACE OF INJURY (Home form factory street office b dg etc.) 20f (City or town) (County) (Stote) 4:48 pm 12-8 1967 While of work of work of work Street Street Street Office b dg etc.) Rockville Montg. Md.
xex for for	21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my opinia death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
# S S E M O	ACTUAL S GNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED
TO DEPUTY MEST. necessory please e the funeral director 5 may be retained TO FUNERAL DIRECT Health prior to burn	NAME (Type) /2ELDEN / KEND M.D. Added (Fritage two Scounty) DEC. 0, 1967 230 B'IRIA CREMATION [236 DATE REGOT] 230 NAME OF COMEDERY OF REMATORY [23d OF ATION (City of Tymn) (City of Tymn) (City of Tymn)
	REM'DYA (Spec fy) Burial 12/13,67 Ash Memorial Cemetery Sandy Spring, Montg., Md. 24 DARKA DIFECTOR STORM 250 REGISTRAR SIGNATURE
VR A15ME (5)	Kohert A. Surviden Rockville, Matyland DADEC 15 1967 gelandar Surge



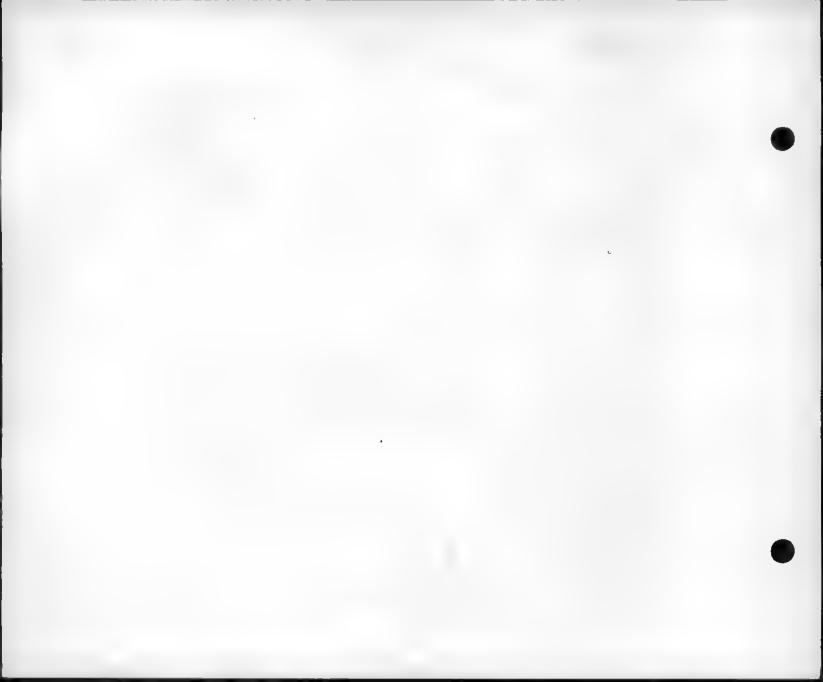
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/336

		* * O O A		CERTIFIC	AIL	OF DEATH			0017
	1 1	PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased lived, if instit	ution Resideni	(e before admission)
	(o. COUNTY	Montgomery	✓ MARYLAN	ID.	o. STATE	Virginia b. 00	UNTY	6
	i	b. CITY OR TOWN (If outside	e cornerete limits	C LENGTH OF STAY IN 1			s de corporate limits, write R	IIRAL nod owe	negrest town)
	ı '	write RURAL and give or	earest tawn)			,		ORAL UNG GIVE	, tredies, town)
		Bethesda		29 Days		Delbart	On		T e IS RESIDENCE
				aspital, give street address)	2		// n 1015		ON_A FARM?
	_			ethesda, Marylar	nd.	Route	#1, Box 1910		YES [X] NO
		NAME OF DECEASED	First	Middle		Lost	4. DATE Mo	inth	Day Year
		(Type or pnnt)	Harold	(NMN)	Pa	reece, Jr.	DEATH Decemb	er	26 19 67
	\$ 3	SEX 6. COL	OR OR RACE 7, N	NARRIED NEVER MARRIED	3 1	B. DATE OF BIRTH 195	7 9 AGE (In years	Months	
		Male W	Mite W	IDOWED DIVORCED [$\exists 12$	22 September	last birthday)	Months	Days Hours Min.
	100.	. USUAL OCCUPATION (Give ki	nd of work done	10b. KIND OF BUSINESS OR			State, ar fareign country)	12 CIT	IZEN OF WHAT
	duri	ing mast af warking lite, ever S t udent	if retired)	INDUSTRY		West.	Virginia	COL	UNTRY? USA
	13	FATHER'S NAME				14. MOTHER'S MAIDEN N			ODII
		No. 2	old Preece	C = C		Domest	Cara Parmeron		
	15	WAS DECEASED EVER IN U.S.		16. SOCIAL SECURITY NO	17 1	PERSONANT TO LEGGY	Sue Runyon	drace	
	(Ye	rs na, or unknown) (If yes gi	ive wor or dotes of servi	ice)			dical Record		2 1
	_	No L		None	The	e Clinical C	enter, Bethe	sda, Ma	
		18. CAUSE OF DEATH (En		ONSET AND DEATH					
) . In	MMEDIATE CAUSE (a)	Aspiration, Pnet	lmo:	nla			AS Hours
	Conditions, if any, which gave) Obs. Gastrointestinal Hemorrhage								01 2
		Conditions, if any, which one to immediate couse	101	astrointestina.	I H	emerr.uage			24 hours
		stating the underlying co	duse (DOF 10						
		last.	<u> </u>	Acute Lymphocyt:	ic !	Leukemia			40 months
	2	PART II OTHER SIGNIFICAN	IT CONDITIONS CONTRI	BUTING TO DEATH BLT NOT RELATE	D TO 1	HE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
1	₽ H	Miliary to	uberculosi	s - inactive.					YES X NO
	CERTIFICATION	20a ACCIDENT WAS UNDERL		20b. DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in P	ort 1 or Part II af item 18)		<u> </u>
i	CER	OR CONTRIBUTING (CAUS)							
	정	20c TIME OF INJURY Man		20d INJURY OCCURRED 20	e PLAC	E OF INJURY (Home, farm	20f (City or town)	((oı	unty) (State)
	MEDICAL	Hour a.m.	10	While - Not While -		ory, street, office bldg., etc.)	, , , , ,	, -	17
		p.m.	V(V /aL: - L : a - !:	at work — at work —) attended the deceased fro	Or	7 Notrombora 10	1 67 + 26 Dog	10	67 A VIV
		21. I certify their	Aug and Aug	ecember 1967, and	M <u>.€.</u> L+ba+	/ NOVEMBET, 19	5 • /5M fram rause	, 17_5	Qr, that (Ne) last
		22a. SIGNATURE	A dilve one one	ecelinary 19 01 , disc	Hilli	dealii accouled of			ATE SIGNED 1967
		ZZG. SIGNATURE	Ind I	TOLOGOIL			AED. PM STAFF	-	
		22c PHYSICIAN'S	WULL IT.	meech	M.Đ		Clinical Ce	X 27 D	ecember
ļ			chard H.	Creech, MD.		Tretitute	s of Health.	Rethe	Martomar Martomar
	00				H 05 (
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF,	7 23c NAME OF CEMETER	Y UK (LKEMA! UKT	23d. LOCALON (City or		(Caunty) (State)
	0.4	Nemav & I				- 1 1/2 Vac. 5555	DV DECISION LOS	PL ION	7
	24	FUNERAL DIRECTOR	Mbers Co.	INC 1400 Cheb	:4/	DI LELE		REGISTRAR'S S	GNATURE
				W/s	JK.	A.C DATE JA	IN 2 1968	i.	10 5

TO FINERAL MIRECTOR: After this certificate has been signed by the ottending physician and completely filled with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

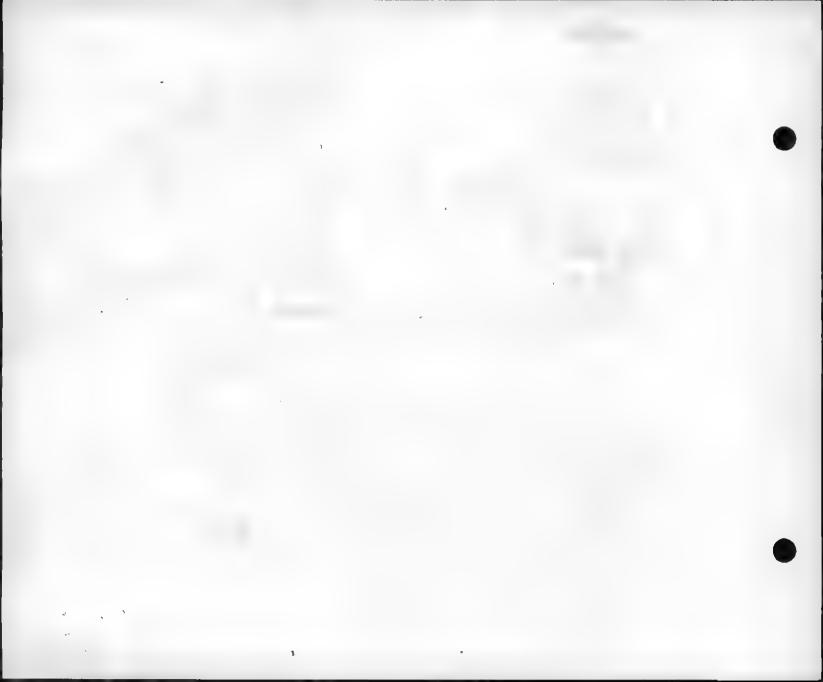


		MARYLAND STATE DEPARTMENT OF HEALTH
germania,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4 tems 13a, b, c, & p, F11m G396 CEPTIFICATE OF DEATH
X		4 tems 13a,b,c1/9/88 11m G396 CERTIFICATE OF DEATH 17337
4 12 4		CEASED-NAME First Middle Last , 2a DATE OF DEATH 25 HOUR
8 8 8		YPE OF PRESIEK TREEMEN 20 1967 M
in the second	3. \$	
the the		Male White Feb. 8, 1882 85 YRS
In a no	7о. сон	BIRTHPHACE (Stote or Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
A FEE		WIDOWED DIVORCED 1101 190mery Md.
ii a a a a a	10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. LSUAL OCCUPATION (Kind of work dane during most of working life, eyen if referred) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if referred) 12b. KIND OF BUSINESS OR during most of working life, eyen if referred) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if referred)
with bon with with	_	Gras ve work t- 4 Ne Lawyer - U.S. Gov't. U.S. Gov't.
executed with	13a adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 3 3 9 th St. NW SSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? NO STREET AND NUMBER 3 3 9 th St. NW SSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? NO STREET AND NUMBER 3 3 9 th St. NW
ate be exection and control ease rema	14	ATHERS NAME HIRAM Middle Presick Is MOTHERS MAIDEN NAME First Middle Herbert
S 5 5		was deceased ever in u.s. armed forces? (es, no, or unknown) (If yes give wor or dates of serve) 579-62-6656-T Copt. Irving Prester/ Potomac. 10.
th certification of the termand		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN CHIEF AND GRAIN
ndin ndin nr re		PART 1. DEATH WAS CAUSED BY: 1 MMEDIATE CAUSE (0) Bilate and Bronchille Preumonia 36 house
e death affendi permit. an, ar r		DUE TO, OR AS A CONSEQUENCE OF
the sit p		Conditions, if any, which gave is to immediate cause (a), (b) Samile Dentity of attacked settings in
equires that the deal physician. signed by the attenc burial-transit permit burial, crematian, ar		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
quires tha physician. signed by burial-tran burial, crer		lost (c)
law requading phybeen signer signer to private purion for the puri	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Direction terminal disease or Condition Given in Part 1(a)
e law tendin as beer as the priart	CERTIFICAT ON	19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
हिन्देश्र →	RTIFI	AR NO X
IAN: That are at a continuate the co		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
Significant of the state of the	MEDICAL	(f either, notify medical examiner) P.M. 19
JING PHYS by the has offer this ce be detach State Dept	ľ	21d INJURY OCCURRED While Not while of work Office BUILDING, ETC. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. Na. City or Town County State
DING 1 by † After 1 be c	ш	220. I certify that (I) (this bospitol) oftended the deceased from 19 43, 10 42, 10 42, 19 65, that (I) (we) last saw the deceased alive an 19 20 19 7 and that in (my) (wif) opinion death occurred on the dote and hour and from the
= 75 ~ 75 0		saw the deceased alive an analysis of the dots and from the causes stoted abave, (I) (we) (did)
P S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE 22c. DATE SIGNED
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		PP Unekacus M. DEGREE PHYS DIRECTOR D STAFF DI 12 20-67
IAI AI Pag e fil		22d. PHYSICIAN'S NAME (Type) PPANDREWS MD 22e. ADDRESS
O HOSPI) Page 4 m O FUNER, director, shauld b	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page O File Sha	200.	REMOVAL (Specify) Washington, D.C.
	24	funeral pirector where sons, Inc. 5130 rest isc. Ave. N. 250. Recistrar 25b. Registrar 5 signature
VR A15 (4) 30M REV. 1/68		ash. D.C. North DEC 28 1967



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 090 mera and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) PLACE OF DEATH COUNTY C.b. COUNTY g_STATE MARYLAND qes CLENGTH OF STAY IN 35 limits write RURAL and eve nearest town (If outside corporate limits, within 72 haurs IS RES DENCE ON A FARM? INSTITUTION (If not in hospital, give street address; NO YES Bd within carban NAME OF DATE Month Lost Doy Year completely DECEASED DEATH event, Type or print) the death certificate be executed IF UNDER 1 YEAR AGE (In years S SEX 6. COLOR OR-RACE NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Doys Hours any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done Ξ INDUSTRY and 13. FATHER'S NAM 14. MOTHER SANGIDEN NAME ar removal, attending p IS WAS DECRASED EVER IN US ARMED FORCES? HIFORMANT 16 SOCIAL SECURITY NO pknown) (if you give war-or dates of service) cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one coyes per line for (a), (b) and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHO PNEUMONIT requires that IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse been the Health prior to ARTERIOSCLEROTI lost os o WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) hos ATTENDING PHYSICIAN: The PERFORMED? use NO certificate þ 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (County) (Stote) 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Hour o.m. While Not Whife factory, street, office bidg , etc.) of work of work 21. I certify that (I) (this hespital) attended the deceased fram. 1963 to 19<u>67</u>, that (I) (344) last 10/1 be retained and that death accurred at Skam, from causes and on the date stoted above. saw the deceased alive on_ 1967 22b. DATE SIGNED 22p. SIGNATURE M.D PHYS DIRECTOR PHYS director, page 3 should be filed v 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) direct 230 BUR AL, CREMATION, REMOVAL (Specify) Cedar Hill Cremetory 12-30-1967 Suitland Md . 25b REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. "ve. N.W VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



after death.

2 haury

	* * 2 %'	1		CERTIFI	CATE	OF	DEATH			173	34	
	PLACE OF DEATH a. COUNTY					2 USU a. S			b. COU		e befare adm	issian)
		ntgomery		MARY		(177)		<u>sylvan</u> :		m al		
	write RURAL and	f autside carparate limit give nearest tawn)	\$,	c LENGTH OF STAY N		CEITY	OR TOWN (If au	'		RAL and give	nearest tawl	1)
	Be	thesda		72 days				ingtown	1		7	
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	at in haspital,	give street address)		d. STRE	ET ADDRESS				e IS R	ESIDENCE A FARM?
I	he Clini	cal Center	. Bethe	sda, Maryl	and		R.D.	#2				NO X
3	NAME OF		irst	Middle			Last	4 DATE	Man	th	Day	Year
	DECEASED (Type or print)	Richa	ard	Andrew	Pr	zemv	ski, Jr	OF DEATH	Dece	nber	3	1967
_	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED			OF BIRTH		AGE (In years		YEAR THE UN	- (
	Male	White	WIDOWED				cember	19/8	last bethday)	Manths	Days Hai	rs Min.
100	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR	<u> </u>		THPLACE (County		_ 10	12 CIT	ZEN OF WHA	ſ
dur	ing most of working Studen	rfe, even if retired)	111	idustry None			Thellan	٦		COL	INTRY?	
13	FATHER S NAME	0		None		14. MC	Englan		_		USA	
		nd A Dans	1	Con								
15	WAS DECEASED EVE	rd A. Przei	LYSKI.	SOCIAL SECURITY NO	17 10	UEODMA	Eva La		4.66	Arr		
(Ýe	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)				NT The Me					
_	No		**************************************	3-40-8572	The	e CI	inical (<u>Center</u>	Bether	sda, M		
	18. CAUSE OF DE	ATH (Enter anly one co H WAS CAUSED BY:		D							NTERVAL ONSET AN	BETWEEN D DEATH
	IMMEDIATE CAUSE (a) Dronenopneumonia									I da	7	
	DUE TO											
	(conditions, if any, which gave) (b) Septicemia with renal and perisplenic abscesses								2 wee	eks		
	stating the under										2 vea	220
	<u>lost</u>	,	(c) Acu	te myeloger	ous	Leul	remia					
Z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERM	INAL DISEASE COI	IDITION GIVEN	IN PART 1(d)		19 WAS PERFO	NUTOPSY DRAMEDS
ATIC	Cerebral edema (24 hours)								YES X	NO [
CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING	UNDERLYING [ESCRIBE HOW INJURY OF	CURRED (Enter not	ture of hjury in	Part I ar Part	Il of item 1B.)			
MED.CAL	20c. TIME OF INJU Hour 'a n	IRY Manth, Day, Year n. 19					URY (Hame, fam , affice bidg , etc.)		(City or town)	(Cau	nty)	(State)
	saw the de	y that (1) (this hose coased alive on_	pital) otten	ded the deceosed to 1967, a	from nd th o t	Sept death	accurred at	9 <u>67</u> , to 10:50M,	Dec. 3 fram causes	, 19 <u>6</u> ond an th	7, that (X) e date sta) (we) la: ted abav
	220 SIGNATURED ATTENDING MED STAFF W 4 D								A De	ressember cember		
	22c. PHYSICIAN S NAME (Type)	David L.	Lilie	n, MD		In	ADDRESS Thustitute	e Clin s of H	ical Ce ealth,	nter, Bethes	Natior da, Mo	al.
230	BURIAL, DESIGNED			23c NAME OF CEME					AT ON (City or To		(County)	(State)
F	REMOVAL (Specify)	Dec.	7, 1967	St. Josep	h's	Cem	letery	Down	ningtow			Pa.
_	I. FUNERAL DIRECTO		100 111	ADDRESS	Λ		2Sa RECT	BY REGISTRA	R 2Sb R	EG STRAR'S SI	GNATURE	
2	Ralph W	Raiston	TO W	. Lancaste	er A	ve.	DATE UI	16 (1961	Cliar	EDO YOU	dest.
-	N- NAME OF THE OWNER OWNER OF THE OWNER O					ملمات						1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon peperashauld be filed with the State Dept, of Health prarta burial, crematian, arremoval, and in any event, within 72 hau Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

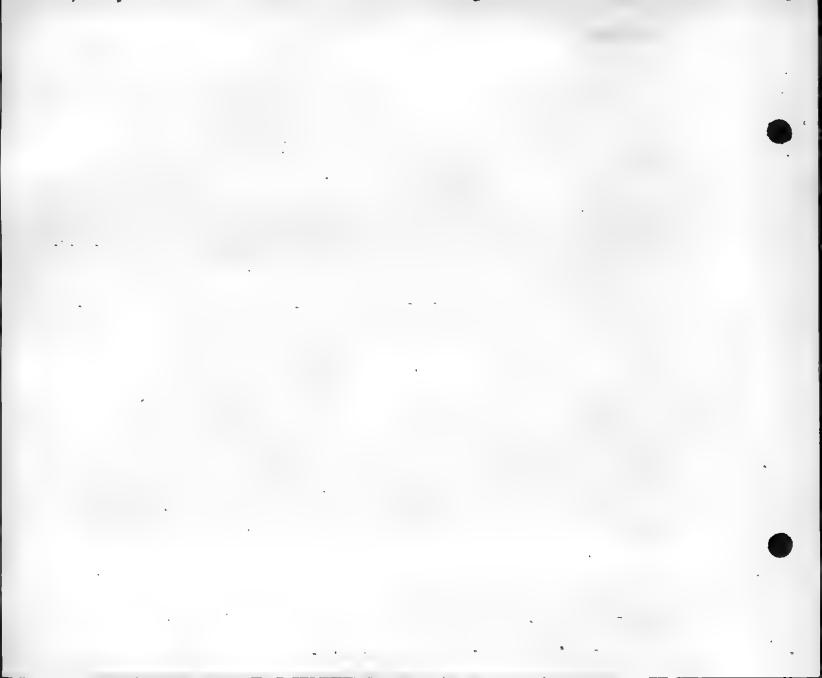


Items 18&21 F

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1 = 1502	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH				
C C C C C C C C C C C C C C C C C C C	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission			
		Montgomery Maryland b. county Montgomery			
Pages affects	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
		Silver Spring 7 years Silver Spring			
filled in 72 hou		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDENC			
12 E E E E		1712 Alberti Drive 1712 Alberti Drive VES NOK			
excuted within and completely I any event, within	3.	NAME DF First Middle Last 14 DATE Month Oay Year			
ald a state of the		(Type or print) 1110TIE KOUSCIN DEATH DEC 16 19 67			
nd com move cury eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR			
and seed of		Temale White WIDOWED X OIVORCED 4noil 0 1875 02 vrs			
de a de	10 du	a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?			
an a		Housewife Own Home Chicago, Illinois !! S.A.			
rectificate certificate nding physics in the ple removal, a	13	FATHER'S NAME			
		Thomas Podlesak Anna Cesal			
d air	O	S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.			
death control attender the atte	-	No 319-05-5666 Crank C. Rousch Silver Spring, Md.			
asit t		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. ONSET AND DEATH			
that the cician. uned by the incremait		PART I. DEATH WAS CAUSED BY: (2 & C. b-ral Throm Desis ONSET AND DEATH			
J O O TO MORE		OUE TO D			
equires ling phy been sig		gave rise to Immediate (b) CEEDTO-SCICTOSIS			
require been the bortob		cause (a), stating the OUE TO			
	NO.	Underlying cause last.) (c) CCCCTTCCTTCCTTCCTTCCTTCCTTCCTTCCTTCCTT			
is The land or at fincate health	CATI	PERFORMEO3			
	F	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)			
SICIAN: hospital both of the form of the f	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
HYSI e h e h bep	CAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
	ED.(Hour a.m. While Not While factory, street, office bldg., etc.)			
DING P BDING P Bd by t After d be d	-				
ATTENDI ATTENDI ATTENDI A STOULD With the		21. I certify that (I) (this hospital) attended the deceased from 7, 19 to 0 to 19 t			
Witts		22a. SIGNATURE 22b. OATE SIGNED			
DOR Bee 3 age 3 led v		M.O. PHYS. MEO. STAFF D. Dec 16, 1967			
PITAL 4 may ERAL Door, pag		22c. PHYSICIAN'S, NAME (TYGE)			
HOSPAT Bage 4 m FUNERA Irector,	_	Silver Spring, Ald			
To ection To Hospital OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City, town or county) (State)			
E F	400	rans-Burial Dec. 20, 1967 Mt. Emblem Cemetery Elmhurst Illinois			
1:1	3	AURERAL BIRECTOR Clar' Elisor 8434 ADDRESS SIGNATURE AURERO BY REGISTRAR 250. REGISTRAR'S SIGNATURE			
VR A15 (4) 20M 1/65	_	arrier E. Pumphrey, Inc. Silver Spring, Md. DATE DEC 2 is 1967 Octobries Junge			
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

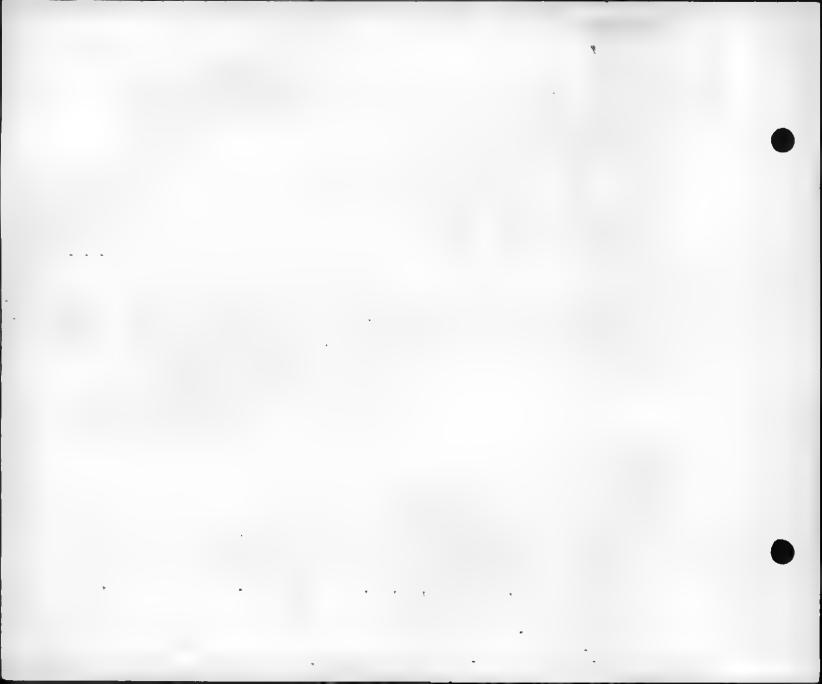
1 PLACE OF DEATH
0. COUNTY
1 PLACE OF DEATH
1 PLACE O

17342

		PLACE OF DEATH			Where deceased aved, if institution Resident	ce befare adm ssion)	
ì	(o. COUNTY	MARYLAND	o STATE	b. COUNTY	1 0 4	
1	·	CITY OR TOWN (If outside corporate imits,	L C. LENGTH OF STAY IN 15	4	tside corporate limits, write RURAL and give	negrest tawn)	
	l i	write RURAL and give nearest town)	The state of the s			/	
		Silver Spring		Penn Shi	op Road Route 3	of prespect	
0		H NAME OF HOSPITAL OR INSTITUTION (If not in ho	ispital, give street address)	d STREET ADDRESS		6. IS RESIDENCE ON A FARM?	
	_	Colonial Villa				YES NO	
		NAME OF First DECEASED	Middle	Lost	4 DATE Month	Doy Year	
		(Type or print) Ralph		Recce	DEATH 1. Combes 0		
	\$ 3		ARRIED NEVER MARRIED E	B DATE OF BIRTH	9. AGE (n years FUNDER) last birthday) Manths		
		William With	DOWED DIVORCED	1-17-91	ast pirmady) manths	Days Hours Min	
		USUAL OCCUPATION (Give kind at work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County 8		IZEN OF WHAT	
	duri	ng most of working life, even if setired)	INDUSTRY	Nomanh 1	Vew gersey U.	UNTRY?	
	13	FATHER'S NAME		14. MOTHER'S MAIDEN N		\$ d a ! ! a	
		Unknown		Unkn	sun		
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address 5770	Drivetto El	
	(Ye	s, na, ar unknawn) (If yes give wor ar dates af servic	105-07-7004-7	I'MA STRAM	Mechani	cabura Pa	
		18. CAUSE OF DEATH (Enter only one couse per			COSTO	INTERVAL BETWEEN	
		PART I DEATH WAS CAUSED BY		atestinal b	leeding	ONSET AND DEATH	
		DUE TO e	Promotor O.	stomach w	Ale liver & modo	6 MOS	
		Conditions, if ony, which gave (b)	Kecurrent CAS S	3 downer or	MAY HAVE & WOOD	VVVC	
		stating the underlying couse DUE TO	modestoses				
		10st.) (c)	145 40 - 14 3CD				
7	ž	PART II OTHER SIGN FICANT CONDITIONS CONTRIB	LTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?	
2	CERTIFICATION					AFZ WO K	
	HFI.	20 a ACCIDENT WAS UNDERLYING □	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in f	Part or Part II of Item 18.)	,	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			·		
	MEDICAL	20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e PLAC	IE OF NJURY (Hame, farm	20f (C y or town) (Cau	nty) (State)	
	G.	Hour am.	While Not While factor	ary, street, affice bldg , etc)		11	
		p 711.	at wark at wark	1	0(2): 12[2]	5.4.04.21	
		21. I certify that (1) (this haspital) saw the deceased alive on 12	aftended the deceased from!	double accurred at	9 <u>67</u> , ta <u>12 30</u> , 19 <u>6</u> 11 ⁰ 5 M, from causes and an th	7, that (I) (we) last	
		22a SIGNATURE	17 17 17 Und mai	Geduu affolise ei		ATE SIGNED	
		1 1 160	1010			1-30-67	
		DONNE Y. D.	ueller me		DIRECTOR L PHYS L 1	-30-61	
1		NAME (Type) Benne G. Be	ndler. M. D.	22d ADDRESS 10820 Ga	. Ave WheatonMd		
	730	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR I			(Caucha) (Stata)	
	230.	REMOVAL (Specify)				(County) (State)	
	0.0	Law Lec. 10.	1961 Just Pinc de		Price Fire	gratuic	
4	24	PUNERAL DIRECTOR 100 Cloubs	WEAR, ADDRESS	erue 250, RAP	ABA BEREAL SERVICE SER	and the same	
1	,	- > 24 Co Pamer any Can	· cui LEA ciù sai	DATE		() ()	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fafed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban appeas. Pages T and 2 shauld be filed with the State Dept. of Hearth prior to burial, cremation, or removal, and in any event, within 72 hours affected in TO MESPITAL BE ATTEMBING PEYSICIAM: The law equires that the death certificate be executed within 24 hours after death Page 4 may be retained by the harpital or attending physician.

> VR A15 (4) 25M 1/67



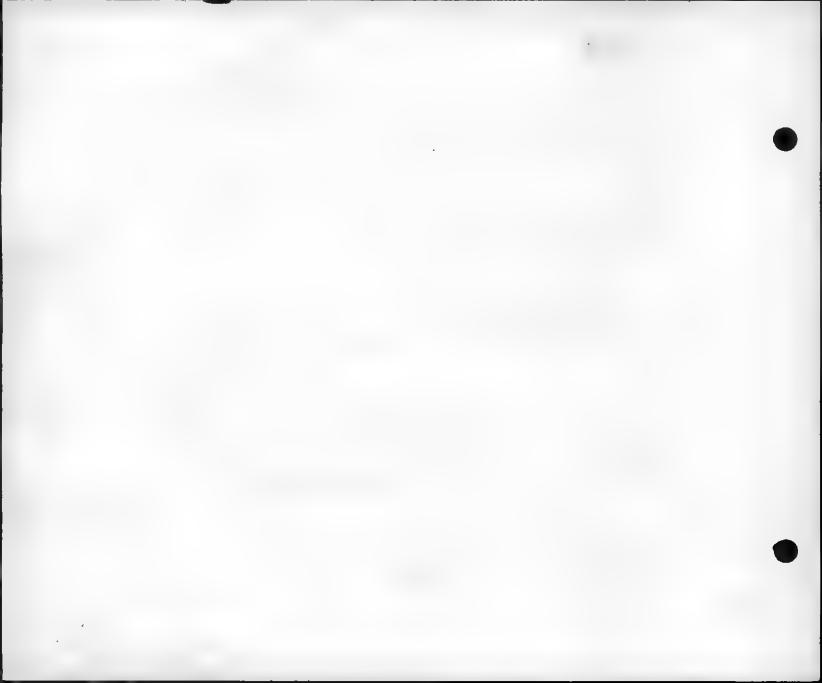
17344

CERTIFICATE OF DEATH

17343

		PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased lived, if institution: Residence before admission)
		o. COUNTY	MARYLAND O. STATE THOMAS	b. COUNTY -
	-	b CITY OR TOWN (If outside corporate limits, C. LENGTH OF	111-1-1	corporate limits, write RURAL and give meases town)
		write RURAL and not prepared fown).		corporate limits, write kukat and give neatest town,
		Sucha delle	cys 15+ #3/	Wilhershurg 1.
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	d STREET ADDRESS	e. i5 RESIDÊNCE ON A FARM?
70		Auharban	12824 0	ern drine YES NO
	3.	NAME OF First Mide	e 7 lost 4.	DATE Month Doy Year
		(Type or print) Edva Gra	e Keed	OF DEATH XICCONTEN 28 1967
		SEX" 6. COLOR OR RACE 7. MARRIED 1 NEVER M		9 AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HE
	-	te male white WIDOWED X DP	ORCEO 1 aug. 24-1895	lost birthdoy) Months Doys Hours Mir
	AGO.	USJAL OCCUPATION (Give kind of work done 10b. K.ND OF BUSINESS	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	dun	ing mast of warking life, even if retired) INDUSTRY	71 71 1	COUNTRY 245A
	12	FADIET'S, NAME	Lura Mayla	ed - WSH
	13.	TATHER'S NAME	14. MOTHER S MANSEN NAME	Te con Mife
		Henry Soper	Mallie 13	incella Ithete,
	15	WAS DECEASED EVER IN J. S. APMED FORCES? 16. SOCIAL SECURITY 17. OF Unknown) (If yes give wor or dotes of service)	NO. 17. INFORMANT	Address (daughter
	1,,,	720 0014-32-9	143/120 annitt 128	24 Jern Streng Got Flower
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)		INTERVAL BETWEEN
		BADT I DEATH WAS CAUSED DV	of Pancreas	ONSET AND DEATH
		157) DUE TO	2	2 MONTH
		Conditions, if ony, which gove) (b)		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		rise to immediate couse (a), (Due To		
		storing the underlying couse		
			T DOLLATED TO BUT TERMINAL DISTURBLE CONTINUE	ON GIVEN N PART 1(a) 19 WAS AUTOPSY
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT N	I KELATED TO THE TERMINAL DISEASE CONDITIO	PERFORMED?
#	3			YES [X] NO [
	CERTIFICATION	205. OESCRIBE HOW INJ	RY OCCURRED (Enter noture of injury in Port	or Port II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd INJURY OCCURRED	20e. PLACE OF INJURY (Home, form,	2Df (City or town) (County) (State)
	ME	Hour o.m While Not While of work of work	foctory, street, office bldg , etc.)	
		21. I certify that (I) (this hospital) attended the dece	sed from 12/8 .19 6	7, to 12/28 , 1967, that (I) (we) I
		saw the deceased alive an 12/28 also	, and that death accurred at 11	
		220. SIGNATURE) Q Q Q		22b DATE-SIGNED
		13 well. I history	M.D PHYS OIRE	m STAFE m / / / / / / /
1		22c. PHYSICIAN'S	22d. ADDRESS	TOK B MIS. BI JOY 2 11 C 7
- 1		NAME (Type) / CBERT C. DADDI	R10 5413 CF1	DAR LANG BETHESOI
	02-	DIRECT COCKATION 225 DITE THEREOF LOS HAME O	CHATTERY OR COLD COOK	THE STATE OF THE S
	230	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME O	. 1/2	23d LOCAT ON (City or Town) (County) (Stote)
		Durial 1/2/68 the		Herndon Fairfut Va
	24	A. FUNERAL CIRECTOR AODRE		
		William C Hiller Branca	C. T. J. JAN	1968 Warner July

TO HOPPITAL OR ATTENDING TYSICIAM: The low requims that the death certificate be marcuted within 24 lours ofter leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached for use as the bund-fronsit permit. Then please remove carban par should be filed with the State Dept. of Heo.th prior to bur all cremotion, or removol, and in ony event, within 1 Prige # may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

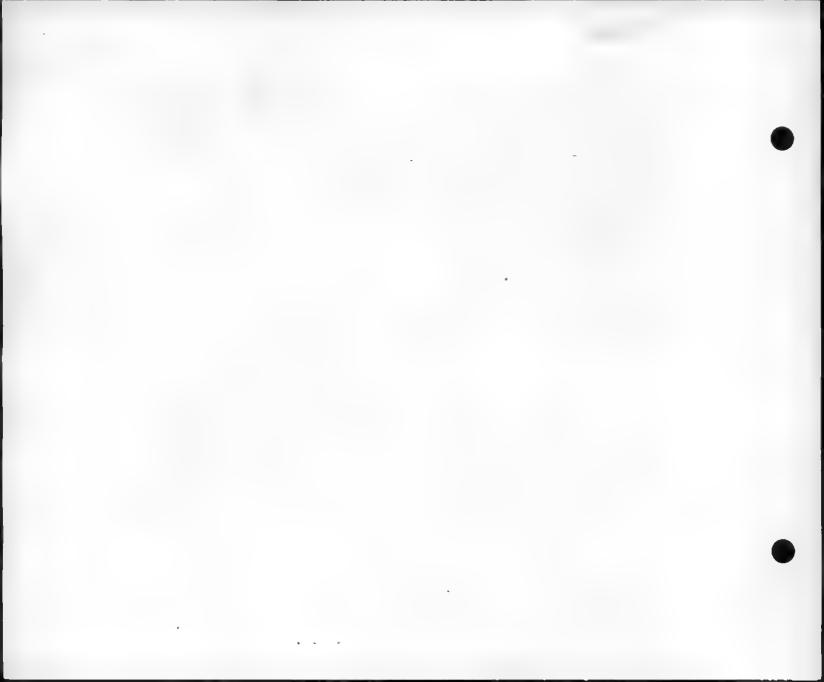


Immons Bros. 1661-Bood Hope Rd

VR A15 (4) 25M 1/67

* Plant + J.W **>** >

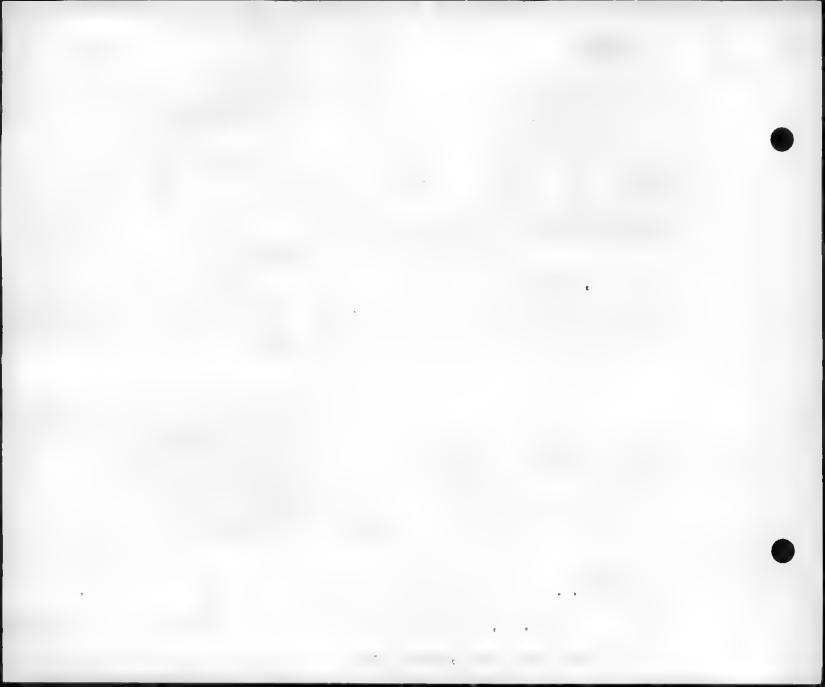
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY DNTGOMEG MARYEAND (f outside corparate limits c LENGTH OF STAY IN 15 c CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) d STREET ADDRESS paper YES NO [ICKET 3 NAME OF Middle DATE Month Dov Year completely DECEASED OF 1960 (Type or print) DEATH COT S SEX IF JINDER 1 YEAR 6. COLOR OR RACE AGE (In years IF LINDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH burthdoy) Hours lost, Months Doys X and in any WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY physician **ELINOIS** HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, William R. Taylor Anna Day attending p 100 JONES MILL WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** (Yes, no, or unknown) (If yes give wor or dotes of service 6281A TATIENT CHASE IN CHENOWA crematian, CAUSE OF DEATH (Enter only one couse per line (o), (b), one (c)) INTERVAL BETWEEN burial-transit p PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Signed DUE TO Conditions, if any, which gove rise to immed ofe couse (a), DUE TO frate has been s far use as the b Health priar to b stoting the underlying couse be retained by the haspital ar attending Inst WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH af D detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day Year 20e PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om. foctory, street, office bldg, etc.) While Not While ot work of work 21 | certify that (1) (this hespital) attended the deceased fram. and that death accurred at JUPM, from couses and an the date stated above. TO FUNERAL DIRECTOR: 125 saw the deceased alive an 22o SIGNATURA 22b DATE SIGNED director, page 3 shauld be filed v DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATOR) 23d LOCATION (City or Town) (County) (Stote) Removal (Specify) 12/7/67 Nokomis. Ill. REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR ADDRESS RECD BY REGISTRAR VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1/346 within 24 hours after death, I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY MOISTIGOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) MEXINESDX/(BUBAL)/ Leonaritown BETHECDA (RURAL 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE ON A FARM? d STREET ADDRESS NAVAL HOSPITAL NO ON 3 NAME OF Last campletely DECEASED OF DEATH MONTAG RICE DECEMBER (Type or print) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years YEAR 7 MARRIED NEVER MARRIED Months lost birthday) in any WIDOWED DIVORCED 5 DEC MALE NEG 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? pup SAINT MARY'S USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal EIMER M. RICE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) Б PARK AVE LEONARDIOW 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH MASSIVE BILATERAL ATELECTOSIS Canditions, if any, which gove PREMATURITY & IMMATURITY rise to immediate cause (a), DUE TO stating the underlying cause certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO fa 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (City or town) (County) (State) factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After at wark l at wark 2) I certify that (I) (this haspital) attended the deceased fram 15 DEC , 19 67, to 15 DEC 19_67 that (I) (we) fast 19.67, and that death accurred at 1.170PM, fram causes and an the date stated above saw the deceased alive an 150 DEC 22a. SIGNATURE 22b. DATE SIGNED 16 DEC 1967 PHYS M.D. DIRECTOR director, page should be fried 22c. PHYSICIAN'S 22d. ADDRESS SWARTZ MC. USN NAVAL HOSPITAL. BETHEEDA. 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Bethesda Methodist Cemetry Leonardtown BURTAL (Specify) 24. FUNERAL DIRECTOR VR A15 Mattingley Funeral Home , Leonardtown, Md 25M 1/6

MARYLAND STATE DEPARTMENT OF HEALTH

Item 2 see Birth Cert.



necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transt permit. File pages land 2 with Health prior to burio, cremation, or removal, and in any event within 72 hours after death

VR A15ME (5) 6M 1/67

Deportment of

The Stan

MARYLAND STATE DEPARTMENT OF HEALTH OVER 1348 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-	_		
i	6	3	4	19	

			-
	1 PLACE OF DEATH 0. COUNTY	2 USUAL RESIDENCE (Where deceased lived if institut on Residence	re before admission)
	MARYLAND	o STATE 227 24CH & COUNTY	27/2/10/10
	b CITY OR TOWN (If outside corporate timps. CHENGTH OF STAY IN 16.	C CTY OR TOWN of outside corporate limits, write RURAL and give	neorest town)
	wr te-BURAL and give nearest town)	13.20 KA1/16	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	IS RES DENCE
	Duthace of have	12/19-12 in 1/1/ 300	ON A FARM? YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Mortin	Doy Year
	(Type or print) // lared /Lores	10 16/15 DEATH	24 1967
	S SEX / 6 COLOR OR RACE / 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER I ost birthday) Months	Dovs Hours Min
7	MIDOWED DIVORCED	21/2021 3/1932 . 3500	Doys Hours Min
	100 LSUAL/OCCUPAT ON (Give kind of work dage during goost of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY	(0,	IZEN OF WHAT
	13. FATHER'S NAME	The substitute is new water	= 1-2/11
	IJ. PAIDER'S NAME	14 MOTHER'S MA DEN'NAME	
	-) and VU-3 / Cila.	1-f-16	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, no, or unknown) (Iff yes give wor or dotes of service)	INFORMANT Address	
	-718 -718.	′ ′	
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY:	0-1-10-	INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	Provies - Severe -	SURAZIO
	DUE 70		
-	rise to immediate cause (a), (b)	r. auto Accident.	
	stating the underlying couse Dut TO		
	lost. (c)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND TON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
-	ATIC		YES NO
	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PR MARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of term 1B.)	
	CAUSE OF DEATH		
1	20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLA While Not While for		inty) (Stote)
5	pm. 12/29 1967 While Not While &	tory, street, office bldg., etc.) DAWS =: 1 Ville_ N	1017 TOTALOGICANS
	21. I certify that I took charge of the remoins described above, he		and n my apinion
1		cide Hamicide Undetermined manner	1
1		CHIEF MEDICAL EXAMINER	1
1	SIGNATURE CAN'T S. Ball	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
١	EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/24/6	7.
4	NAME (Type)	Address (Street, city, town, or county)	
	230 BURIAL CREMATION, 23b DATE THEREOF 23 NAME OF CEMETERY OR		(County) (State)
	REMOVAL (Specify) 12/28/67 Neorwess	1" Beallsville.	maty und
	24 FLARFAL DIRECTOR Expest C Gartners ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRAR'S SI	GNATURE CANON OF THE
	Comest & Fartur Garthersfor	ey ked DATE DEC 28 1961	0 0



17349

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DI

CERTIFICATE OF DEATH

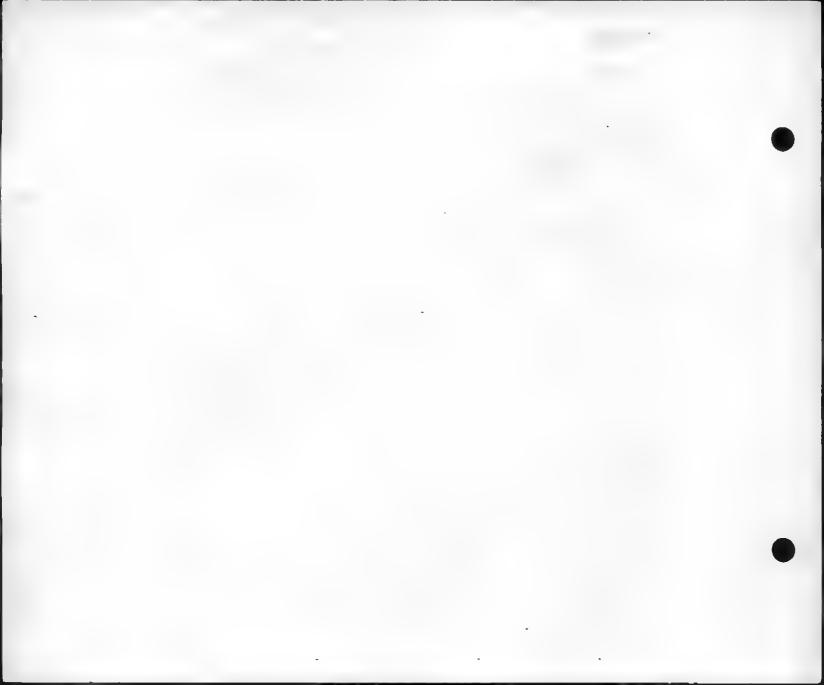
17348

	CENTITICATE	17348
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission)
	o. COUNTY	o. STATE b COUNTY
-	MARYLAND MARYLAND	Montgomer/
	b. CITY OR TOWN (If gg/side corporate limits, CENGTH OF STAY IN 16 write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town)
	Wheaton 100 days	u heaton
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital nive street ordiness)	d STREET ADDRESS B IS RESIDENCE
R	andolph Itilly lovesing Home	3/09 Verena Drie YES TNOFT
	tou Randelph Rad Wheaten	
3	NAME OF Antionetic First Middle	Lost 4 DATE Month Doy Year
	(Type or print) WEATTE C	dgers DEATH 12 29 1967
S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	1) - XXX - 1889 Tost blithday) Months Doys Hours Min
-	Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	
ď	uring most of working life, even if retired) INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 CTIZEN OF WHAT COUNTRY?
	louremake Own home	Wash. D.C. COUNTRY?S.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	itan Pober WYYYYY	RXBEY . No creett
- 1-		NFORMANT 3/Address/ prona 1/2:112
	Var an annual Milana annual Maria	C C C C C C C C C C C C C C C C C C C
		1. Increes F. willer Silver , reing, ide
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Areside	ONSET AND DEATH
	45/× DUE TO	
	Conditions, if ony, which gove) (b) ancerum	of into liwk
	nse to immediate couse (a), (Dus To	
	storing the underlying cause	1000
	last. (t) Caneroseli	noses of dona 1910.
1	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
CEDTIENCATION	Cerebral Vascular Accident.	Parkinsonism YES NO 1
100	20g ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
To Y	OR CONTRIBUTING CAUSE OF DEATH	(
MEDICAL	2 20c FIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLAC Hour o.m. 20e PLAC	CE OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, office bldg , etc.)
1	p.m. 19 of work of work	ory, sireer, orner study, etc.)
	21. I certify that (1) (this haspital) attended the deceased fram	9/12 , 1967, to 12/29 , 196 That (1) (we) las
		t death accurred at 3 1 M, from causes and an the date stated above
	220 SIGNADURE	22b DATE SIGNED
		ATTENDING / MED CTAEF
	20 PHYSICAN'S	D. PHYS. DIRECTOR PHYS. 12/29/67
	NAME (Type) A ALL THE TENERS TO BOTH TO	04115 Colie DRIVE, wheaton md,
	MINISTRUCTURED TO	
2	30 BURIA., (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify) Clan. 2. 1968 Poct Creek (Ceretory Cashington 1.C.
	24 FUNESTORESTOR Stumps 11 horan 911 ADDRESSEONI is	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1	when E. U. mino, in ile inti	potAN 8 1968 Clianley Judge
	The suppose the suppose	t. DARE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I should be filed with the State Dept. of Health prar to burial, cremation, or removal, and in any event, within 72 hours often TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ≡rtificote be ≡xec≡ted within 24. Page 4 may be retained by the haspitol or ottending physician. VR A15 (4) 25M 1/67

after death.

e funeral



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, if institute.)

CERTITION	. Of DEATH	1 2 8 8 9
1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institut on Resid	ence before admission)
o. COUNTY Montgomery Maryland	o STATE Maryland b. COUNTY Ba	ltimore V
b CITY OR TOWN (f outside corporate limits.	CCITY OR TOWN (If outside corporate limits, write RURAL and g	
write RURAL and give nearest town)	Baltimore	,
Gaithersburg 5yrs. 5mo. d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS	T e is residence
, , , ,		ON A FARM?
Asbury Methodist Home	9811 Hartford Road	AEZ NO X
3 NAME OF First Middle DECEASED	Lost 4 DATE	Doy Year
(Type or print) Mrs. Mary Alice Schneid		5 1961
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDE	Doys Hours Min
	Rugust 25 1894 /3 # YIS 夏	
10c USUAL OCCUPATION (Give kind of work done during prost of working life, even if returned) 10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (County & State, or foreign country) 12	CITIZEN OF WHAT
Housewite HI Home	Virginia	OUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George H. Shimp	Iva M. Montgomery	
	INFORMANT / Address /	2 1
(Yes, no, or unknown) (If yes give wor or dotes of service)	Melhodist Home	e cords
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	4	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CICCULE PROC	ocasellal entondition	ONSET AND DEATH
7201 DUE TO C	1: 0 /	
Conditions, if ony, which gove) (b) (1) Lerus Seles	one heart desease	2 4KS.
rise to immediate couse (a), stating the underlying couse DUE TO		
last (c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Doy, Yeor About Of Injury Occurred Hour o.m. 201 Time OF INJURY Month, Doy, Yeor While Not While for		PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18.)	10 10 2
© OR CONTRIBUTING □ CAUSE OF DEATH	quality and the state of the st	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d Injury Occurred 20e, PLA	ACE OF NJURY (Home, form, 20f (City or town) (C	ounty) (State)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA Hour o.m. While Not While for	tory, street, office oldg., etc.)	(3016)
pm. 19 of work of work	4/1/3 10 12/2/170	
21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	it death occurred of 33/11M, from couses and on	, that (I) (we) la:
220 SIGNATURE		DATES GNED /
hours menes	APTENDING MED STAFF	7 /2 /1
224 PHYSICIAN'S	226 ADDRESS	~/ -/6/
NAME (Type) Henry C. Scruggs, M.D.		, , ,
230. DR AL CREMATION 236 DATE THEREOE 230 NAME OF CEMESERY OR	CREMATORY 23d LOCATION (City or Fower)	(founts) (flots)
REMOVAL/Specify) / 1 - (-)		(County) (State)
24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S	CIGNATURE
C. F. EVANS & SON 8802 HARTON, R.	DATIDEC 5 1967 gains	Las Justice
ME MANO & JOH JOY JAKKOKI) IT	DAILUI, U.) IOUI	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the interest page 3 should be detached for use as the burial-transit permit. Then please remove corban pages Pages ——should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

9		€ CERTIFICATE	OF DEATH 1/351
		o. COUNTY montgomeRy MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE b. COUNTY DC.
1		b CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) ii) heaton 1 y 5 mo 13d	C. CITY OR TOWN (If outside disparate limits, write RURAL and give nearest town) District of Columbia. 7
2.79	A	Andolph Hills Nursing Home	d. STREET ADDRESS 0 SI Idaho Ave. NW - VES NO
	5. 5	DECEASED (Type or print) Eleanor F. Sch.	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs Min.
	10a duri	to USJAL OCCUPATION (Give kind of work dane intring most of working life, even if retired) Housewife	11 BIRTHPLACE (County & State, ar fareign country) 12 CITIZEN OF WHAT COUNTRY? 14. MOTHER S MAIDEN NAME
	15.	Frank F. Warth S. WAS DECEASED FUR IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INE	Mary To Weigel FORMANT Address
	(Ye	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	DUPH HILLS NURSINES HOME'S RECORDS
		PART I. DEATH WAS CAUSED BY: 2 2 / X IMMEDIATE CAUSE (a) Conditions, if any, which gave (b) (b) CRR byal A Tise to immediate cause (a),	RTERIOSCIEROSIS & months
		stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
) .	CERTIFICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO Noter nature of injury in Part I ar Part II of Item 18.)
	MED CAL	20c TIME OF INITIPY Month Day Year 20d INJURY OCCURRED 20e PLACE	OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State) y, street, affice bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive an 12/20 1967, and that a	deoth occurred at A. M., from couses and on the date stated above.
1		Raymon C. T. Beneck M.D. 20. PHYSICIAN'S NAME (Type) 2. A T. Box	22d. ADDRESS
	23a Bi	NAME OF THE PROPERTY OF THE PR	PEMATORY 23d LOCATION (City or Town) (County) (State)
	24	A Low DE Vol 2222 Wis Ave N.W. Wa	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE,

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and should be filed with the state Dept af Health prior to burial, cremation, or removal, and in a≡y event, within 72 haurs after death VR A15 (4) 20 M 1/66

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t to

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth.

Page 4 moy be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 201 W DECTON CIPEET RAITIMORE MARYLAND 21201

	105	3	OI TIIAL	WECO:	CERTIF	ICATE	OF DEATH	rece, inse	TEAND 21201					
1. PLACE OF DEATH							2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b COUNTY							
MONTE OMETY MARYLAND							Maryland		0 (001	1	1			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Takoma Park 1 day							Ahapakis, Junction (Anapolis)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address)							d. STREET ADDRESS e IS RESIDENCE ON A FARM?							
Washington Sanitarium and Hospital							Box 46 YES NO							
3. NAME OF First				Middle	-	Lost	4. DATE	Mont	h	Doy	Year			
DECEASED (Type or print)		Hugo			Herman		Schwarz	DEAT	Man or the second of			19 67		
s sex Male		6 COLOR OR RACE	7 MARRIE	MARRIED NEVER MARRIED			DATE OF BIRTH		9 AGE (In years	Months	YEAR Doys	IF UNDER 24 HI	-	
		White WIDOV		D 🔲			10-26-98		lost birthday) 69 yrs	MUIIII	Dets	LIGGIZ [MI]		
	USUAL OCCUPATION	(Give kind of work done	10ե	KIND OF	BUSINESS OR							ITIZEN OF WHAT OUNTRY?		
duii	ing most of working	nie, even ii tetned)	G		nment		Germany Amer					a		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME											
	Carl		Teresa Knitzinger											
							NFORMANT Address							
res no German Navy							Patient's chart							
	IB. CAUSE OF DE	ATH (Enter only one can H WAS CAUSED BY IMMEDIATE CAUSE	ise per line	for (o), (by, and (c) ye	My	yorandial in fait interval Between onser and Death							
	TXUI DUE TO O								· 1/2		u e			
	Conditions, if ony,		(b)	KN	Mior cluber mun actarl fru								_	
	nse to immediate couse (o), Stating the underlying couse DUE TO									/				
	last.	,	(c)											
7	PART II. OTHER ST	GNIFICANT CONDITIONS	PNTRIBUTIN	G TO DE	ATH BUT NOT REL	ATED TO TI	HE TERMINAL DISEASE CON	ID T ON GI	VEN IN PART 1(0)			VAS AUTOPSY PERFORMED?		
ATIO	Chinic bronchitis						wheres	non			YES		Z)	
L CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enjer noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJU Hour o.n p.r	ACE OF INJURY (Home, form, tory, street, affice bidg., etc.) 20f (City or town) (County) (State)												
	21. I certify that (I) (this haspital) attended the deceased fram, 1961, ta // 22, 1967, that (I) (we) last													
	saw the deceased alive an 1967, and that death accurred at 931 p.M., fram causes and an the date stated above.													
	220. SIGNATURE M.D ATTENDING MED DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIRECTOR 1967										7			
	220 PHYSICIANS NAME (Type) ABRAHAM W. DANISH 1106 SPRING ST. 5. S. M.										· Mo	1-		
230	BUR AL, CREMATIC	N, 236 DAJE TH	EREOF/	23	c. NAME OF CEME	TERY OR C	REMATORY	23d	LOCATION (City or Tox	vn)	(County)	(Stote)	4/	

25b. REGISTRAR S SIGNATURE

2 7 1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any eyeat, within 72 haurs effethedeath. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

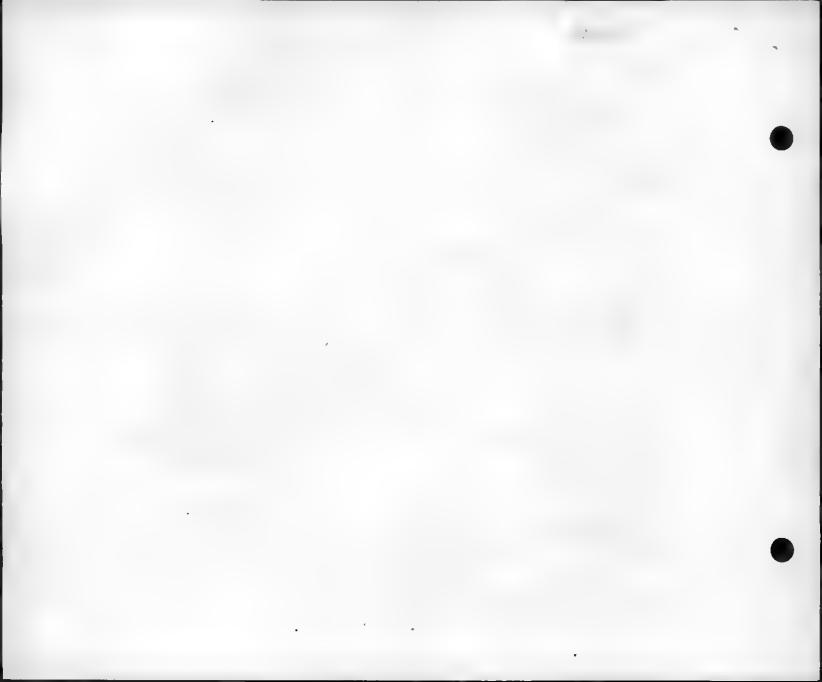


4 17252

			•			CERTIFIC	ATE	OF DEATH			1,10	0.0			
		PLACE OF DEATH						2 USUAL RESIDENCE (Where deceased lived, if institution Reso				dence before admission)			
		o. COUNTY	Montgomer	У		MARYLA	ND	o. STATE Washington, D.C. COUNTY							
1	b. CITY OR TOWN (If outside corporate limits.			c LENGT	H OF STAY IN	16	c. C. TV OR TOWN (If outside corporate limits, write RURAL and				give neorest town)				
1	write RURAL and give nearest tawn) Bethesda				34	Days		Washington, D.G.							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)							d STREET ADDRESS e is residence on a farm?							
1 1	The Clinical Center, Bethesda, Maryland						1600 16t		YES						
ģi .	3 NAME OF DECEASED		F		Middle		Lost		Doy	Year					
		(Type or print)	Joseph		(N	(MMN)		Scrippens OF DEATH December							
	S	SEX	6 COLOR OR RACE	7 MAR	RIED NEV	ER MARRIED	3.23	. DATE OF BIRTH		AGE (In years Last birthday)	IF JNDER		JNDER 24 HRS		
		Male	White	WIDO	<u> </u>	DIVORCED	<u> </u>	9 March 192	25	42 yrs					
	dun	ing most of working	(Give kind of work done life, even if retired)	1	Db. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County)	12 (17	CITIZEN OF WHAT					
	Photo Lithographer				Lithographic Co.			Penns	1	COUNTRY? USA					
	13 FATHER'S NAME					14 MOTHER'S MAIDEN NAME									
	Michael Sci						1 12 10		Anna K						
	15 WAS DECEASED EVER IN U.S. ARMED FO (Yes, no., or unknown) (If yes give wor or Yes 1943:			of service)	Elaice			FORMANT The Me		16 3 3					
							T'he	Clinical C	enter,	Bethesd	la, Ma				
		18. CAUSE OF DEATH (Inter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: MMFDIATE (AUSE (a)) MYOCARDIAL Infarction								INTERVAL BETWEEN ON SET AND DEATH					
	IMMEDIATE CAUSE (6) PLY OCCAT OLDAY THE ATTENDED TO						TOH				2 ua	y a			
		Conditions, if ony,			ortic In	nsufficiency					12 years				
		rise to immediate	e to immediate cause (a), DUE TO												
		last	TYING COUSE	(c) R	heumatic	. Valve	e Di	sease		20 years					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUITING TO REATH RIT WOT RELETED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1/4)											19 WAS AUTOPSY			
1	ATION	8 days following open heart surgery for acrtic valve replacement.													
1,	CERTIFICATION	200 ACCIDENT WAS		2	DESCRIBE HOV	DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.)						x			
	EB.	OR CONTRIBUTING (IF EITHER, NOTIFY)	MEDICAL EXAMINER)												
	DICAI										(Cor	uniy)	(Stote)		
	WE														
		21. I certif	y that (X (this has	pital) a	ttended the c	leceosed fro	o m_1	9 November	9_67, to_	23 Dec.	, 19_6	67, that	(I) (we) los		
		saw the deceased alive an 23 December 1967, and that death accurred at 10:1%, from causes and on the date stated above													
		220. SIGNATURE 22b DATE SIGNED 1967													
,		21. PHYS CIAN'S 23 December 22d ADDRESST'he Clinical Center, National													
1		MAME (Type) Eric H. Johnson, MD Institutes of Health, Bethesda, Md.													
	23n	BURIAL, CREMATIO	N. 23b DATE TH	ERFOF	T 23c NA	ME OF CEMETER	RY OR C			IION (City or Tow			(Stote)		
	I	REMOVAL (Specify)				Mary				` '	•		faintel		
	_	FUNERAL DIRECTO		-07	Al Al	DDRESS	0 (BY REGISTRAR	25b. REG	Igle, Penna 25b. REGISTRAR S SIGNATURE				
]	Robert	A. Pumphr	ey,	Bethe	sda, 1	Mar	yland DATE D	EC 29	1967 /	Cla	mily O	andar.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within 72 hours often death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after, Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

and 2 deoth.



Anna of the same

any delay is

FOR STATE HEALTH DEDI

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate whomid be exacuted within 24 hours after dauth. If

MITTAL EXAMINES:

TO DEPOTY

VR A15ME (5)

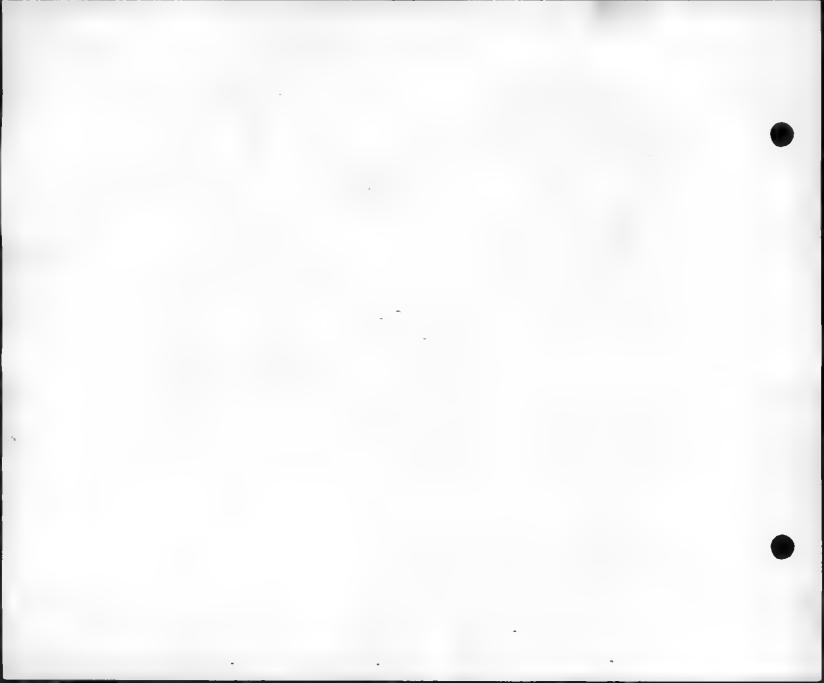
5 may be retained for your files.

Heath prior to burial, cremation, or removal, and in any event with n 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EYAMINED'C	CEPTIFICATE .	OF DEATH

		MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	17354
1	PLACE OF DEATH o. COUNTY MONTSOMERY b CITY OR TOWN (If outside corporate limits,	MARYLAND	MARYLA	ND B	ut on Residence before admission) WITY ONTEOMERY URAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in	D.O.A.	TAKOMA d STREET ADDRESS	PARK	e IS RES DENCE ON A FARM?
3		BEALE SEE	Lost 4	DATE MOI OF DEATH 12 -	orth Doy Year 4 1967
	Ad. Islanda	MARRIED NEVER MARRIED WIDOWED DIVORCED 10b KIND OF BUSINESS OR	8. DATE OF BIRTH 11 - 9 - 97 11 BIRTHPLACE (Slote or	9 AGE (In years lost birthdoy) 70 yrs	Months Doys Hours Min
d	uring most of working life, even if retired) 3 FATHER'S NAME	INDUSTRY	MARYLAA 14. MOTHER'S MAIDEN NAN	10	C. S. A.
	S WAS DECEASED EVER NUS ARMED FORCES? Yes, no orunknown) (If yes give wor or dotes of se		LSABEL INFORMANT AV SEEK	- NIECE	lress Same
	18. CAUSE OF DEATH (Enter only one couse part 1 DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse part of the couse of the co		rary In	eart 10	INTERVAL BETWEEN ONSET AND DEATH
CERTISICATION	PART I OTHER SIGN F.CANT CONDITIONS CONT 200 EXTERNAL CAUSE WAS PRIMARY 🗆 or CONTRIBUTING 🖂	RIBUTING TO DEATH BUT NOT RELATED TO 20b DESCRIBE HOW INJURY OCCURRED			19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL C			ICE OF INJURY (Home, form lory, street, office bldg., etc.)	20f (City or town)	((ounty) (State)
	21 I certify that I took charge a death resulted fram Natural c	ked . The	eld an Autapsy, cide, Hamicide CHIEF MEDICAL EXA	, Undetermined r	
	SIGNATURE SELDEN EXAMINER'S RAME (Type) BELDEN	R. READ, M.	M.D. ASSISTANT MEDICAL E	Same a	22. DATE SIGNED
2	30 BURIAL, CREMATION, REMOVAL (Specify) BELLIAL 24 FUNERAL, D.RECTOR L B. FLORENCE 24 FUNERAL, D.RECTOR L B. FLORENCE 24 FUNERAL, D.RECTOR	1967 Colesville	Cemetery 250 RECD B	23d LOCATION (City or T Coleanille Y REGISTRAR 25b F	own) (County) (State) Maryland REGISTRAR S'S GNATURE
2	John B. Thomas Phicey	8434 Georgia Avenu Silver Spring, Nar	yland DATE DE	1,1 1987	Milanes Judges



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY. TOWNAIT outside corporate limits, write RUPAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give mealest youn) to the funeral MARYLANO c. CITY OR C. LENGTH OF STAY IN 1b e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/street address ON A FARM? 3 to Page State ND F 2, and IM3. NAME OF DATE Month Year Day Middle Last 4. 12 DECEASED DEATH (Type or print) 19 AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. with (6. COLOR OR OATE OF BIRTH SEX 9. Pages 1, th form 7. MARRIED NEVER MARRIED Days er death. NE WIDOWED [DIVORCED (l and event 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR ' in pencil in Item 18. Give Pa Examiner's Office along with 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY tudent school pages l in any 13. FATHER'S NAME MOTHER'S MAJOEN NAM This certificate should be executed within 24 hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. IBFOR MANT heodora (Yes, no, or unkown) ((fyes give war or dates of service) permit. F non 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), apd (c). CONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit proceeds or a IMMEDIATE CAUSE (a) word "pending" Chief Medical E **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating CD used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI NO YES X 202. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. or or 2Db. DESCRIBE HOW INJORY OCCUBRED. (Enter nature of Injury In Park Pin 3 should agent, F 208. PLACE OF NURY (Home, fair) MIDICAL (County) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (State) factory, street, office bldg., etc.) the certificate 4 should be for 11 files. EXAMINER: While at work at work JIRECTOR: Page : 21. I certify that I took charge of the remains described above, beld an Autopsy and in my opinion Inspection DIRECTOR: Undetermined manner Suicide Homicide death resulted from Natural causes your CHIEF MEDICAL EXAMINER \Rightarrow execute Page / **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER please director. Pas retained for yr TO FUNERAL DI of Health or .M.O. SIGNATURE DEPUTY, MEDICAL EXAMINER EXAMINER'S Audrees (Street, city, town, or county) NAME (Type) /or LOCATION (City, town or county) 23d. BURIAL, CREMATION. 23c. REMOVAL (Spenify) Mari: and awn Cemeteru REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MONT GONERY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) O L NE Y c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) 3 DAYS ELLICOTT CITY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? MONTGOMERY GENERAL HOSPITAL RT. 2 YES 🔲 NO X Middle First a ast 4 DATE Month OF VIOLA RACHEL SELBY DECEMBER 19 67 (Type or print) DEATH 6 COLOR OR RACE B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthday) W WIDOWED DIVORCED 6-16-01 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HOMEMAKER INDUSTRY COUNTRY? U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZETTA EASTON MINNIE MUSGROVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, or unknown) (If yes give wor or dotes at service) MEDICAL RECORDS MONT. GEN. HOSP. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: INTERNAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove nse to immediate couse (a), DUE TO stating the underlying couse WAS ALTOPS' PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) certify that (1) (this hospital) attended the deceased fram

200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CITCALISE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m.

NAME OF

S SEX

in any

cremption, or removal,

signed by

has been

TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 25M 1/67

director, page 3 should be filed v

O HOSPITAL OR

DECEASED

within 24 hours after death

requires that the death certificate be

MAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify)

23b DATE THEREOF

23r NAME OF CEMETERY OR CREMATORY

23d LOCAT ON (City or Town)

and that death accurred at 745 M, fram causes and on the date stated above

22b DATE SIGNED

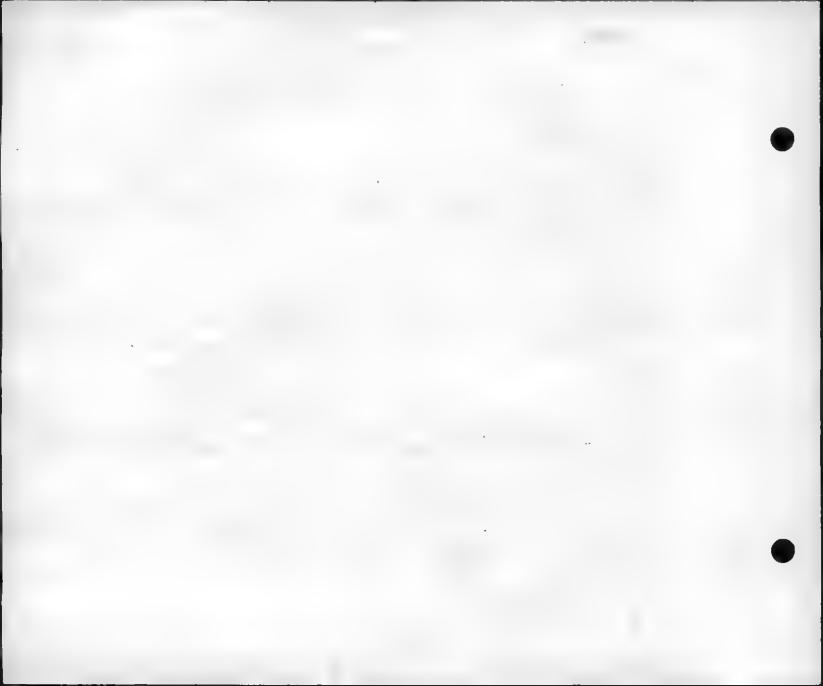
(County)

the deceased drive an

22d ADDRESS

250 REC'D BY REGISTRAR

(Stote)



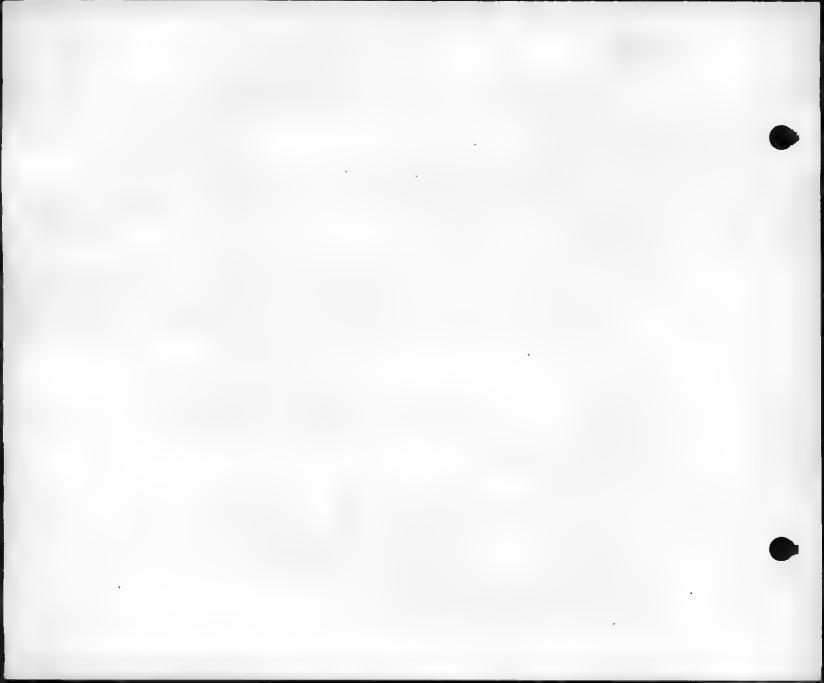
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VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYLICIAN The law requires that the Tentil mutificate be executed within 24 betts, after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	LEKTIFICAT	E OF DEATH
П	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	a. COUNTY	a. STATE AA - b. COUNTY/
ı	MARYLAND	MONTIONERY
ł	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	_ Kensington	KENSINGTON !!
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS CARROLL HAY SANTURING IS RESIDENCE
ål	Carried 4-11 Sant-	162 31 0 100 C ON A FARM?
Y	COFFEIL /1011 DON/ 13PIUM.	17
Л	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Hances	Shatew DECCUBER 22-1967
1		8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
-		Months Days Hours Min.
-	TEMOLE WIN, TE WIDOWED DIVORCED	700.1,101, 97 yrs.
- 1	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Nove Nove	CLEVERAND LOHIO U.S.A
П	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_	THE P. PAWIEY	IVA 6-155ELA CANFIELD
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address -2/2/ Ab the All Fr
- 1	(Yes, no, of unknown) (If yes give war or dates of service)	3737 6141/2011
-	NO NOTE 286-29-68380-	-COLARNRY L. SHATER-WASH.DC.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: ORONA RV	THROM BOSIS ONSET AND DEATH IS MINUTES
1	IMMEDIATE CAUSE (a)	1320000
	DUE TO	1/207
	Conditions, if any, which gave rise to immediate (b) ARTERIOSCLER	OT IE HEART WISEASU -
	cause (a), stating the DUE TO	
-	underlying cause last. (c) GENERALIZE	D ARTERIOSCLEROSIS -
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO?
6	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	TRED. (EILER MATCHE OF INJULY III PAIL (OF PAIL () OF ITEM 16.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. Injury Occurred 20d. 20d. Injury O	ory, street, office bldg., etc.)
		1/1// 1 10/7 to 050 33 10 (m that // two last
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on DEC . 1927, and tha	t death occurred at @: 46 M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Moneyly Levelle M.I	D. PHYS. DIRECTOR PHYS.
П	22c. PHYSICIAN'S NAME (Type) He Now M. Law of F.W.	22d. ADDRESS /
ľ	MANE (1900) HENRY M. LOWOLEN	5206 NOHWAY AP. NEW BOOD, MI
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	PREMOVAL (Specify)	a Remoney Course Marine 12606 MD
7	24. FUNERAL DIRECTOR. ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5	Vel W. CHAMBERS Co-WASHINGTON	2000017
-	10 100 (0)11/1/00000000000000000000000000000000	DATE DEC 29 1991



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MARYLAND STATE DEPARTMENT OF HEALTH

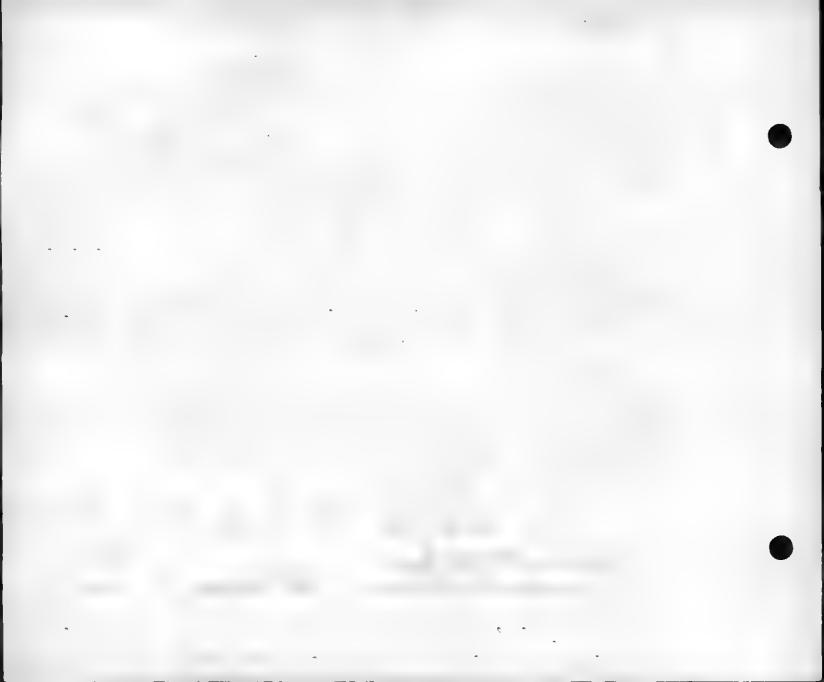
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1000	CERTIFICATE	OF DEATH	d for on the same
=	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, f i	nstriution Residence before admission)
	o. COUNTY MONTgomer	U MARYLAND	o STATE PARALLE B	COUNTY Development
	b CITY OR TOWN (If outside aproporate limits	C LENGTH OF STAY IN 16	c CITY OR TOWN (If ourside corporate limits, wi	ite RURAL and give nearest town)
	wyte RURAL and give nearest town)	48da115	\$9000000000000000000000000000000000000	0 44 - 414
Г	d NAME OF HOSPITAL OR INSTITUTION (IF no	it in hospitot, give street oddress)	d STREET ADDRESS SUCAMORE ST	e IS RESIDENCE ON A FARM? YES NO X
3	NAME OF / Fin	rst Middle	Lost 4. DATE	Month Doy Year
	(Type or print) SARA	A Shale	/ OF	Nec. 6 1967
5	SEX 6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE (In ye	OFS LEUNDER I YEAR FUNDER 24 HRS
I	EMALE White	WIDOWED DIVORCED	10 - 5 - 95 tost birthd	oy) Months Doys Hours Min
	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)	12 CIT ZEN OF WHAT
L	:dousewite	Own Home	Pennsylvania	COUNTRY? A.
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
L	Issac Morgan		I da May Docherty	
(A	es, no, or unknown) (If yes give wor or dates of	of service) 16 SOCIAL SECURITY NO 17. 1	INFORMANT 705 WA	nhall Way
L			s. John E. Grubb Silver	Spring "I'd.
	18. CAUSE OF DEATH (Enter only one coust PART I, DEATH WAS CAUSED BY	se per line for (o), (b), and (c)) (a) CEREBRAL ARTEF	TAI CCIFPOSTS	INTERVAL BETWEEN ONSET AND DEATH
	334 × IMMEDIATE CAUSE	(0)	CIAL SCHIROSIS	
	Conditions, if ony, which gove)			
	rise to immediate couse (a),	(b)		
	Slotting the underlying couse	(c)		
			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19 WAS AUTOPSY
CERTIFICATION				PERFORMED?
TE	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port t or Port II of item 1	8)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF IN. JRY Month, Doy, Year Haur'o.m.		CE OF INJURY (Home, form, 20f. (City or tow ory, street, office bidg., etc.)	vn) (County) (State)
	21. I certify that (I) Ythis hosp		Oct 19 1967 to Dec	6, 196/, that (1) (we) los
	saw the deceased alive an		death occurred at 233 P. M, from cas	ises and on the dote stated obove
	220. SIGNATURE Vouchau N	Williams MI	ATTENDING MED. STAFF DIRECTOR PHYS	22b. DATE S GNED Dec - 6 - 6 7
	PHYS (AN S) Jonathon	M. Williams-	202 Persture D	1. Sulver Spring
230	BURIAL, CREMATION, 23b. DATE THE	REOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City	or Town) (County) (State)
5	rans-buriel Dec. 80	1967 Greenridge	Temorial Park Connels	
Ci.	TUNERA- CIRCURS (. Ylen	Carter8434 APRESigna Hi	Denue 250 REC'D BY REGISTRAR 25	6. REG STRAR'S SIGNATURE
W	arner E. Pumphrey, S	Inc. Silver Spring.	Md. DATE DEC 1 1 1987	Milanles Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers: A shauld be filed with the State Dept. af Health prior ta burial, cremation, or removal, and in any event, within 72 hau VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



Health prior to bund, cremation, or remayal, and in any event within 72 hours after death. 6

VR A15ME 6M 1/67

Items 18&21 Film 396 12-2 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	59		MEDI	CAL EXAMIN	IER'S	CERTIFICA	TE OF	DEATH		1/3	E. 11	
	PLACE OF DEATH	gomery		MARY	'LAND	2 USUAL REST O. STATE [M		here deceased v	ed, if institution b. COUNT		before o	tna ssion)
	b CITY OR TOWN (i	f outside corporate limits,	Md.	TENGTH OF STAY I	N lb	Hyat		ide corparate in	uts write RURA	AL and give i	nearest to	wn)
		a OR INSTITUTION (If not in .y Cross Ho	,			d STREET ADDI		: West	Highwa	ay	e I'	RESIDENCE IN A FARM?
3	NAME OF DECEASED (Type or print)	First Ralinh		Middle	Sh	losi effer		4 DATE OF DEATH	Month		Day 6	Year 19 6 7
S	male	6 COLOR OR RACE 7	MARRIED X			6/12/9			(n years birthday) 77 yrs	Months (OURS Min
	o USUAL OCCUPATION ring mast at working t			O OF BUSINESS OR USTRY employed		11 BIRTHPLA		r loreign cauntry Sin)	12 CITIZ COU	IN OF W	нат А
13	FATHER'S NAME	ddy Sheffer				14 MOTHER S		ime tie Haxo	on			
15 (Y	WAS DECEASED EVE es, na, ar unknawn) yes	R IN U.S. ARMED FORCES? (If yes give war ar dates of ser	16 SC 5 77 -	OCIAL SECURITY NO -40-6850		NFORMANT rlotte	i. Sir	effer	Addres		Md.	
		e cause (a), { DUE TO		a), (b), and (c).) ite massiv	re in	tracere	bral	hemorrh	age			AL BETWEEN AND DEATH
ATION	PART II OTHER S.C.) (c) _ GNIFICANT COND TIONS CONTR	IBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL D.S	EASE COND	ITION GIVEN IN	PART :			S AUTOPSY REORMED?
CERTIFICATION	20g EXTERNAL CAL PR MARY [] or CON CAUSE OF DEATH.		20b DESC	RIBE HOW INJURY OF	CCURRED (Enter nature of i	injury in Po	art Lar Part Lal	item 18}			
MEDICAL	20c T ME OF INJU Haur o.m p.m	10	20d INJ While at work			E OF NJURY (Ha ary, street, allice b		201 (C h)	y ar tawn)	(Caun	ty)	(State)
	21 I certify death result	that I taak charge af				de 🔲, Ho	micide (erm ned ma	ry 📈	and in	my opinian
	ACTUAL SIGNATURE	Lelelen	19	1 Cla	12	_M D ASS ST	ANT MEDIC	AL EXAM NER	4	Ec.	22.	DATE SIGNED
23	NAME (Type)	N 23b DATE THEREO	18	23c NAME OF CEME	AP	M. Daddig	OK	23d LOCATIO	N (Gty ar Taw	٣, (ounly)	(State)
	REMOVAL (Specify)	Dec 9, 19		Ft Linco	-	metery		Colmar	Manor	Pro	Geo l	' '
2	4 FUNERAL DIRECTOR	asch's Sons	Hvat	ADDRESS tsville. 1	id.			BY REGISTRAR		STRARS SIG		ufge:

17710 .

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CEPTIFICATE OF DEATH

-	100			CERTIFIC	CALE OF DEATH	1:360
deoth	and			LACE OF DEATH	2. USUAL RESIDENCE (Where deseosed lived, finsti	
20			(COUNTY MONT GOMES		Monto me
24 hours after	fled in by the fur popers. Pages 1 hin 72 hours after		ŀ	CITY OR TOWN (IF outside corporate imits. I c LENGTH OF STAY IN	1	RURAL and give nearest town)
12	by the Pace			write RURAL and give nearest town)		
र्षे	in b rs.	ŀ	-	NAME OF HOSPITAL OK INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	T e IS RESIDENCE
24	oper n 72	M		- 3907 WARNER ST	- 3907 Warner 5	ON A FARM? YES NO F
÷ /	- SE		2 1			
within	ician and completely lease remove carbon and in any event, wit		- 1	AME OF ECCEASED First Property	Sheldon of Death De	Onth Doy Year 30 1967
The state of	we'c		5, 5		B DATE OF BURTH 9. AGE (In years	IF INDER YEAR I FUNDER 24 HRS
the death certificate be executed	ind compremove.			F W WIDOWED DIVORCED	12/6/05 Cost perildoy)	Months Days Hours Min
pe e	and rem			JSUAL OCCUPATION (Give kind of work done gmost of working life, even if retired) INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
0	physician en please oval, ond		QUII	This ewite	- QUARM Coule N.	1.5
ifico	ple ple		13.	FATHER'S NAME	TA. MOTHER'S MAIDEN NAME	/ /
Gerti	phy hen nove		_ (lames G. De Beborse	COTHETINE INOC	horaly
=	ottending physipermit. Then plan, or removal,			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. no. or	17 INFORMANT Ad	ddress
dec			(10	no, or unknown) (If yes give wor or dates of service) 216-46-29	10 HUS band - James	Shelobn
t i	by the offer fronsit per cremotian,	Ì		1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))	/	NTERVAL BETWEEN ONSET AND DEATH
thot	by # ronsi			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) OVER 107	nomo Tasir	ONSET AND DEATH
				1727 DUE TO 01. 1	1 /	
requires o physici	signed buriol- buriol,			Conditions, if any, which gove rise to immediate couse (a).	25 Tom 2	
red	~ ~ ~ ~			stoting the underlying couse DUF TO		
low ndin	os been as the priar ta		-	ast. (c)		
The low ratending	hos se as h pr	,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
<u> </u>	ficote he far use Health	권	CERTIFICATION	None		YES NO 5
PHYSICIAN Physnital	語音素			OR CONTRIBUTING CT CAUSE OF DEATH	URRED. (Enter noture of injury in Port I or Port II of item 1B)	
YSI	certii hed of. of			(IF FITHER, NOTIFY MEDICAL EXAMINER) /Vone		
F 4	this etac		MEDICAL	Hour orn of a While - Not While -	20e PLACE OF INJURY (Home, form, foctory, street, office bidg, etc.) 20f (City or town)	(County) (Stote)
S Z	offer be d State		2	pm / Oct 19 otwork otwork		(11)
ATTENDIN	9 0 0			21. I certify that (1) (this hospital) attended the deceased fr	ram 11/15, 1967, to 12/19	
High	100 t			saw the deceased alive an 12/291967, ar	nd that death/accurred at 255 M, fram cause	es and an the date stated obove
	DIRECTOR: ge 3 shoul led with th			720 310 Mg 10 Kg	M.D PHYS DIRECTOR PHYS	DI LE LONEU
				220 PHYSICIANS -	22d ADDRESS	1 2/30/6/
O HOSPITAL	director, pog	4		CHAME (TYPE JOHN B. UMHAY M	10 8805 Conn. An	e. Chan Choso M
O HOSPI	directo should		230	BURIA, CREMATION, 23b. DATE THEREOF 23c. NAME OF CIMETI PARKLAS	ery or Cemetery 23d LOCATION (City or	Town) (County) (State)
0	P = 4			Bwy [all 4 Jan 1968 Parkla	Rockville	Mont Md.
_	/R A15 (4)	11	24	Oberr A Pumphrey 7557 Wiscons	in Ave 250. REC'D BY REGISTRAR 25b	REG STRAR'S SIGNATURE
3	25M 1/67	101	1	Dash 2 3/2	DATE 1AM 5 1968	wares may



HEALTH DEP

any delay is 2, and 3 ta PM3. Page

in pencil in Item 18. Give Pages 1,

Th's certificate shauld be executed within 24 haurs after death If

please execute the certificate, writing the ward 'pending'

TO DEPUTY MEDICAL EXAMINER:

necessary,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	3	0	4
4	3	0	1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

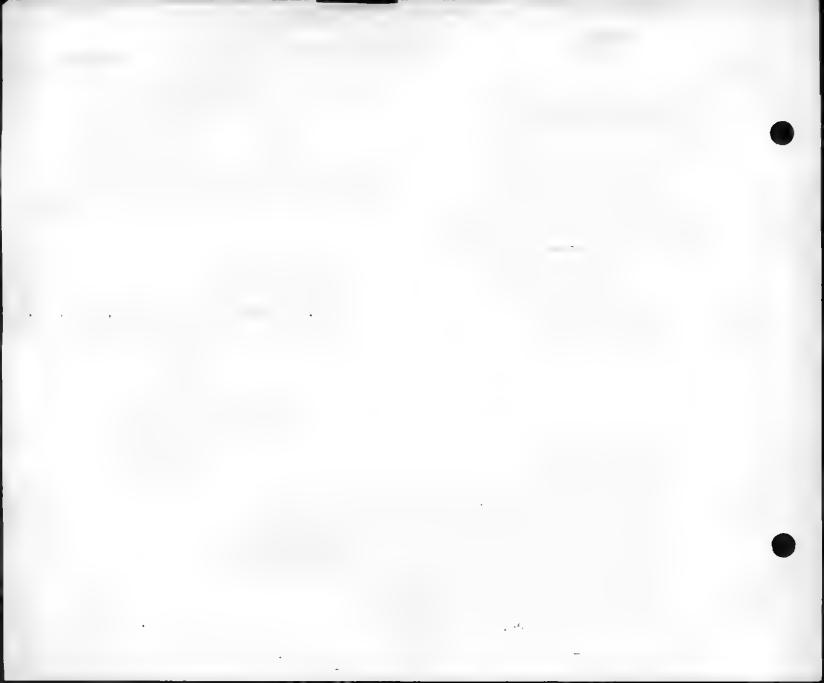
1/361

I PLACE OF DEATH			re deceosed lived, if institutio	n: Residence before admission)
. COUNTY Montgennery	MARYLAND	o. STATE X 21,	ry land b. COUNT	Montgemery
b CIBY OR TOWN (If outside corporate mits.	c LENGTH OF STAY IN 16	CETTY OR TOWN (f outside	e corporate limits, write RURA	
write RURAL and give nearest town)	54/21	(1X) BO40	15-	15
d NAME OF HOSPITAL OR INSTITUTION (If not in hospit		& STREET ADDRESS		e. IS RESIDENCE
Box 17 B		Box	17.3	ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Arthur.	Shiftet 4	DATE Month OF DEATH Dec	- 8 1967
S. SEX 6. COLOR OF RACE 7 MARR W- WIDOW	ED DIVORCED	8 DATE OF BIRTH Sept. 7, 191	3 9 AGE (In years lost birthday) 5 4 yrs	Months Doys Hours M.n.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (C) 1 R	KIND OF BUSINESS OR NOUSTRY	11 BIRTHPLACE (State or to his		COUNTRY? 5- A
Elijah. Shiflet		14 MOTHER'S MAIDEN NAM	ia. Faurer	
IS WAS DECEASED EVED IN C ADMED EDDCES		INFORMANT	Address	5
(Yes, np. ar unknown) [If yes give wor or dotes af service]	284-07-6346	Mrs.Margaret	Simpson Shif	let, Boyds, Md.
18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY.	for (o), (b), and (c)) Coronary 7	Insufficer	14 Acute	INTERVAL BETWEEN ONSET AND DEATH
IMMED ATE CAUSE (o)	Colollery A	27.00301007	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	00 वनर्
Conditions, if any, which gove) (b)				
rise to immediate couse (a), Stating the underlying couse DUE TO				
lost. (c)				
PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDIT	ION GIVEN IN PART I(a)	19 WAS ALTOPSY PERFORMED? YES NO 🔀
B PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	DESCRIBE HOW NURY OCCURRED	(Enter nature of injury in Port	or Port II of item 18)	
Hour o.m.		ACE OF NJURY (Hame, form. story, street, office bldg., etc.)	20f (City ar town)	(County) (State)
21. I certify that I taok charge of the	remains described above, h	eld an Autopsy 🔲 , 🛚 I	nspection X, nqui	ry 🗘 and in my apinion
death resulted from Natural couses	X, Accident , Sur	cide, Homicide], Undetermined ma	nner 🗌
ACTUAL O D PA	0 00	CHIEF MEDICAL EXA	MINER	
SIGNATURE John 19.	Ball	M D ASSISTANT MEDICAL	- 101	22. DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL E		17/67
NAME (Type)			y, town, or county)	
230 BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR		23d LOCATION (City or Tow	
Burial 13 Dec. 67	Mount Comfort		Fairfax Co.	
24. FUNERA. DIRECTOR B. Carle Mous	Mana Wand Handle	250 RECD BY		STRAR'S SIGNATURE
Cunningham-MountcastleFu	neralnome,woodb	riuge, valate UE	U 13 100/	marcia magic

VR A15ME (5) 6M 1/67

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

Health prior to bural, cremation, or mimaval, and in any event within 72 hours after death



MARYI

OSS DIVISION OF VITAL RECOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

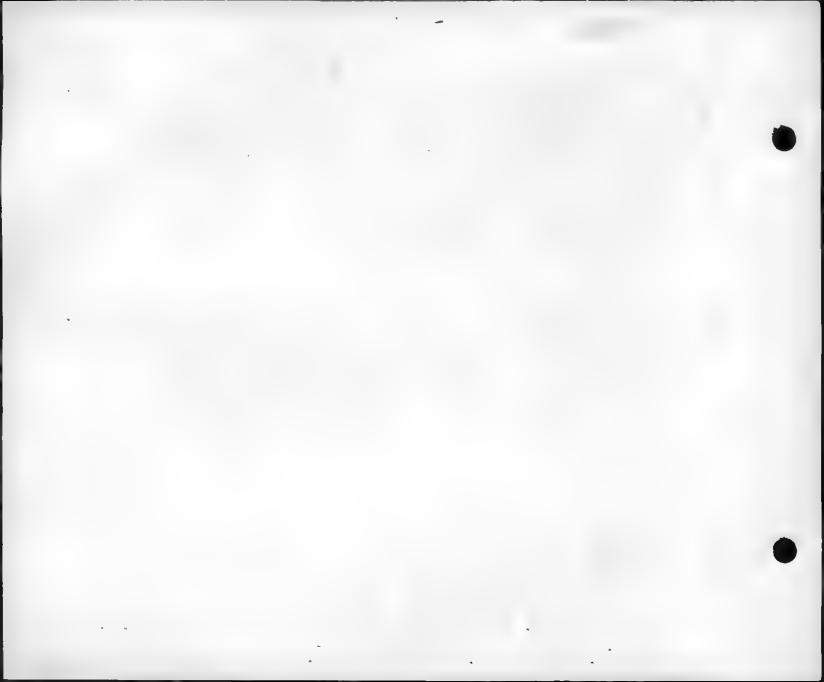
	CERTIFICATE	OF DEATH	7363
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, if institution: Re-	sidence before admission)
	a. COUNTY MARYLAND	o. STATE MY b. COUNTY	mati
-	b CITY OR TOWN (If obtside corporate) mits, C LENGTH OF STAY IN 16	c City OR TOWN (If outside corporate limits, write RURAL and	nive peorest town)
	write RURAL and give nearest town)		1 161
-	d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street, address)		e IS RESIDENCE
	2 30 1/- 0	TOURS OUTL	ON A FARM?
-	University Mursing Home	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NOY
3	NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year
Ļ	(Type or pnnt) Jesse Hahby	Shives DEATH Kuc	22, 1961
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years 1FUN lgst buthdoy) Mont	
	XCO WIDOWED DIVORCED	2-26-1019 0X YIS	,
10c	US_AL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country)	2 CITIZEN OF WHAT COUNTRY?
1	las State Ocuper las estation	Hancock, md.	mer
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME (
	Unknown	Unknown	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT / Address	t
[21	es, no, or unknown) (If yes give wor or dotes of service) 539-26-853		8 1
	18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).)	and a supplemental and a supplem	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) / Cur Syndrome	Lener Obledonlate	ONSET AND DEATH
	48/X DUE TO		
	Conditions, if any, which gove) (b) CRCVII.	/	
	rise to immediate couse (a), (DUE TO		
	stoting the underlying couse (c)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY
CERTIFICATION	Leverticulity	THE TERMINAL DISEASE CONDITION OFFICE IN TAKE 1(0)	PERFORMED?
13		(Enter nature of injury in Port 1 or Port II of item 18.)	YES NO V
1	OR CONTRIBUTING CI CAUSE OF DEATH	(Enter noture of injury in Port for Port II of Item 16)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	er or in Levinia	10
MEDICAL	Hour o.m. While - Not While - Foot	ICE OF INJURY (Home, form, 20f (City or town) tory, street, office bldg., etc.)	(County) (State)
2	p.m. 19 of work U of work U		
	21. I certify that (I) (this haspital) attended the deceased fram_	may , 1967, to Dec 22,	19 <u>6</u> 7, that (I) (we) last
		t death accurred at <u>11.30P</u> M, from causes and a	
	220 SIGNATURE	ATTENDING MED. STAFF	DATE S GNED
	Jussell & Myaluo MI		de 22, 1961
	NAME (TYPE) TUSSELL CO BUFULLIYU	1429 University Blank	10/
	11022611 6 130 011110	115 00.110	· · · · · · · · · · · · · · · · · · ·
230	BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)		(County) (Stote)
	27, 140/ GREENECOU CO	emetery asix inton. !.	L.
3	Typeral Director man John Bothomas 134 ADDRESS mia	TUP. 250 REC'D BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
4	gamen & Purchasey Juc. Silver Spring.	1.d. DAREC 2.8 1967 00/100	A. O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial transit permit. Then please remove carban lapers should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 22 hours Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death,

and 2 death.

funeral



MARYLAND STATE DEPARTMENT OF HEALTH

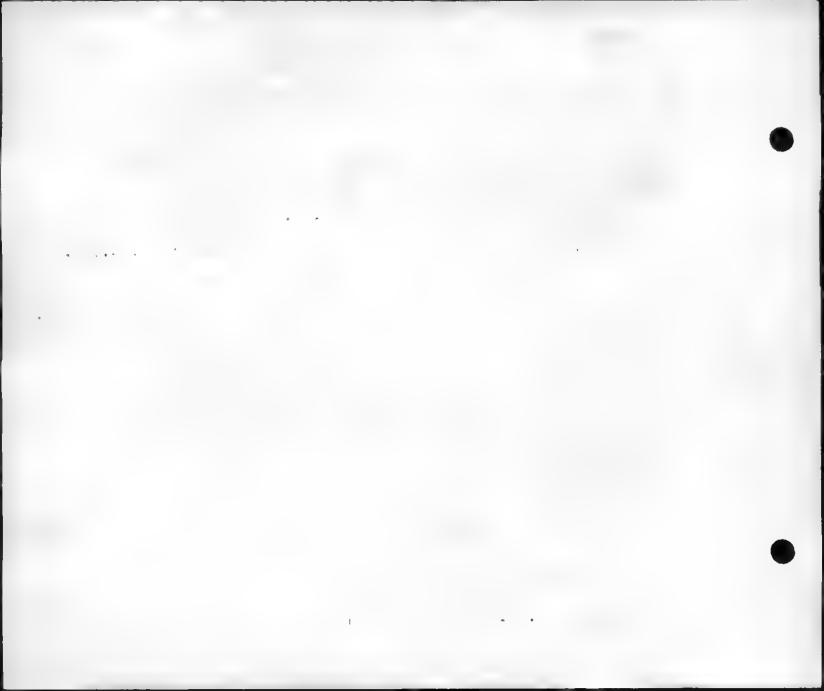
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/362

		CERTIFICATE	OF DEATH		X 1000
	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceosed aved, if institution	
	MONTGOMERY	MARYLAND	Maryla	b. COUNTY	WATH V
_	b CITY OR TOWN (If outside corporate limits)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outsi	de çorporate amits, write RURAL	and give nearest town)
	write RURAL and give nearest town)		Hagers		
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	sive street oddress)	d. STREET ADDRESS	10000	e IS RESIDENCE ON A FARM?
	Kensington gardens	Sanitarium	Route #	2	ON A FARM? YES NO S
	NAME OF First DECEASED (Type or pnnt) Nar 77 14	Middle	SHIVES	DEC.	Dgy Year 14 1967
5.	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		F JNDER I YEAR IF JNDER 24 HRS
	temale White WIDOWED	DIVORCED	2.11.1879	Jost birthdoy) A	Aonths Doys Hours Min.
	ing most of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County & S	tate, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
12	HOUSEWIFE FATHER'S NAME		WASHINGTON	COUNTY MD.	U.S.A.
10	TATILE 3 MADE				
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	EL I ZABETH	BAKER	
(Ye	es, no, or unknown) (If yes give wor or dotes of service)				****
	NO		LEO YOUNKE	K KUKAL 2 H	ANCOCK MD.
	1B. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY	(o), (b), and (c).)	0		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	unause	urus		
	Conditions, if ony, which gove) (b)	10 m ch	Sie on		92011
	rise to immediate couse (a),	1 cono	geneus	none	Jun 11/A
	stoting the underlying couse (c)	alvanc	ed per	ulety	142,
ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(0)	IV WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	206 ACCIDENT WAS JNDERLYING ☐ 206 DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	rt I or Port II of Item 18)	,
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. While p.m 19	Not While foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20F (C'ty or town)	(County) (State)
	21. I certify that (I) (this hespital) attends saw the deceased alive an	ded the deceased fram	death accurred at 1	777	, 1962, that 😭 (we) last
	220 SIGNATURE Marvin W	saller MI	ATTENDING MI	ED STAFF PHYS.	22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) MARY (Type)	WATLER	22d ADDRESS, 8 c	visc, fr.	Bethode In
230	BURIAL, CREMATION, REMOVAL (Specify) 23h DATE THEREOF	23c. NAME OF CEMETERY OR ORCHARD RIE		23d LOCATION (City or Town)	YI WILL
24	BURIAL FUNERAL DIRECTOR	ADDRESS	2So REC'D B		TRAR'S SIGNATURE
1	town & &	H	mod DATE DE	C 2 D 1987 2	Marley Goodec
1	The second	INCHAR EMPARE	INCAL DAIL DE	THE TOWN	1 0

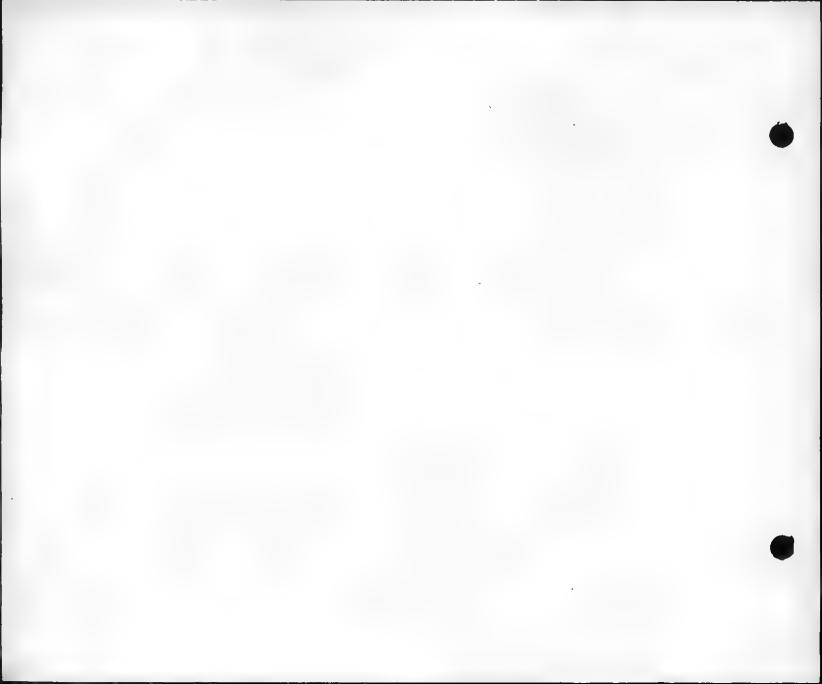
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	365
HEALTH DERT.	T	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	ence before admission)
200 tV		o. COUNTY MARYLAND	o. STATE b. COUNTY	- har
Page 3	H	b CITY OR TOWN (If outsign corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA, and gi	NOGOTAS Journ
del 33 del		write RURAL and corest lown)		TV HEOTOST TOWNING
≥ 2 2 1 E		Betterde DOP	Krchulle	15
f amy 1, 2, cm Depair		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)	d STREET ADDRESS	B IS RESIDENCE ON A FARM?
(A B) (B)	L	Duburhow	734 Calleg Pkury	YES NO.
오 하 후 수 오	3.	NAME OF First Middle	Lost 4 DATE Month	Doy Year
ter de Give Ing w		DECEASED (Type or print) Brian Michael &	Shulman DEATH DEC	22 1967
after of Give alang with the	5.		8 DATE OF BIRTH 9. AGE (In years IF UNDER	
s a 18 18 18 18 18 17 17		MIDOWED DIVORCED DI	Nov-26 1966 lost birthdoy) Months	Doys Hours Min
heurs after de lem 18 Give P Offce alang wi and 2 with the death.		USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or foreign country) 12 C	IT!ZEN OF WHAT
	du	ing most of working life, even if retired) INDUSTRY	Mardond	OUNTRY? / 5/
n 24 nn eris	13	FATHER'S NAMED	14 MOTHER'S MAPHEN NAME	401
within 24 hmurs of pencil in Item 18 Examiner's Office of File pages land 2 v Fulle pages after death	"	Barry Shulman	Myrna Harrison	
- 4	10		INFORMANT Address	
	(v	s, ng, or unknown) (If yes give wor or dotes of service)	A	
d be exilicated of pending" in Chief Medical fransit permit seems within 7	L	VO - 100102 111	rather same as als	re .
e exipend sit posts of west		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c)) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
shalld be en ward per or the Chief bound-transit any event		PART I. DEATH WAS CAUSED BY: On 10 IMMEDIATE CAUSE (0) ASPhyxia		
ward ward he C he C nol-tr	1	DUE TO	17 1	Sudden
shame wa		Conditions, if ony, which gove (b) ASPITation use to immediate couse (c),	· 0 . 700C/	Juacie 1
		stoting the underlying couse DUE TO		
thrate ting t irded as a and		lost. (c)		
	Z	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NA. DISEASE CONDITION G VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
This certicate, writed be farwa	NO IN			YES NO
This icate be for temes remi	CERTIFICAT	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18.)	
certiucanting		PRIMARY Stor CONTRIBUTING CASPINATED from	ex of orphe ferres esting	
XAMI TR Je the ce age 4 shau your files Yoge 3 sho cremation,	MEDICAL			ounty) (Slote)
IXAM ute the uge 4 your Page 3 cremat	S S	Hour om While Not While of foo	ctory, street, office bldg, etc.) Rockielle Mo	introspery And
TX De age		21. I certify that I took charge af the remains described above, hi		1-17-1
At Porce,	1			_ ' '
directar directar stained DIRECT			icide , Hamicide , Undetermined manner	_
please I direc retain DIRE		SIGNATURE John S. Ball -	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	. 22. DATE SIGNED
			DEPUTY MEDICAL EXAMINER 12-/22/	47
Sary Sary President		EXAMINER'S NAME (Type)	Address (Street, city, town, or county)	0/-
o CENTRY necessary, p the funeral S may be re D FUNERAL Health prior	72	BUR.AL CREMATION, 23b DATE THEREOF 23C NAME OF CEMETERY OR		(Stote)
5	43	- DEMONIAL (Specific)		(31016)
	1	ANDRES ANDRES	A RE- DEC D DY DECISTRAD BELL DECISTRADE	CICNATURE
VR A15ME (5)		TONERAL DIXECTOR	250. KECU BY KEGISIKAK 250 KEGISIKAKS	

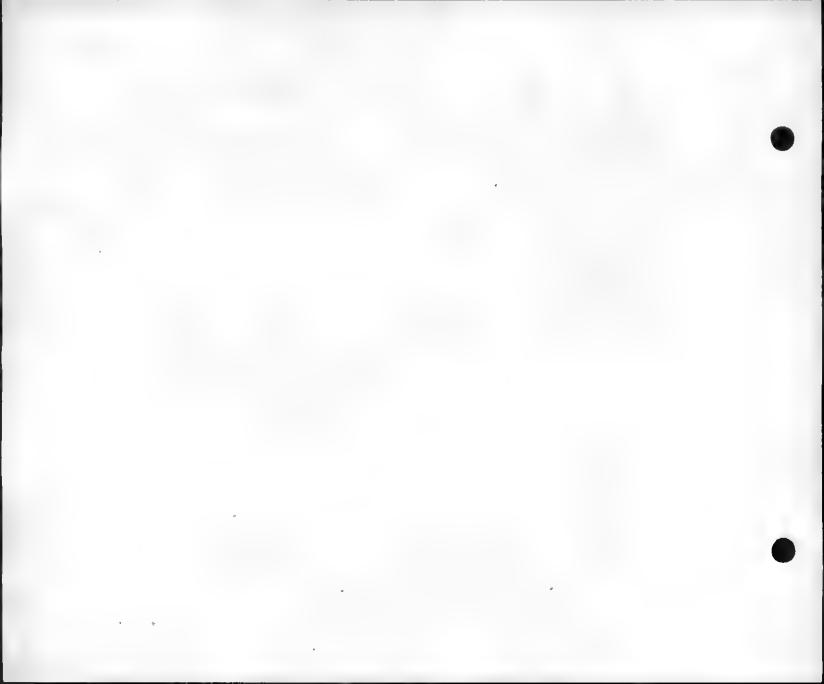


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201

1 14 0 0 0 h

CERTIFICATE	UF DEATH 1 1300
I PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
· COUNTY MARYLAND	o. STATEMENT Db. COUNTY WYYXY, Montgo mery
b. CITY OR TOWN (1) outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest lown) Warry War And And Bethesda /yr 3 mos.	Kensington /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give wreet address)	STREET ADDRESS Bexhill Drive 6 IS RESIDENCE ON A FARM?
Bethesda-Silver Spring Nursing Home	TAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
OFCEASED (Type or print) Edith 5/	Der 1 DEATH 12 21 19 67
S SEX , 6 COLOR OR RACE 7 MARRED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS
remple Caucasian WIDOWED X DIVORCED	Jan 30, 1896 71 415
100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	II. BIRTHPLACE (County & State, or foreign country) 12 CTT ZEN OF WHAT
during most of working life, even if retired) INDUSTRY	West Virginia, U.S.A.
13. FATHER'S NAME D	14. MOTHER'S MAIDEN NAME O
Van Shelby Perkins	Frames Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 403-01-8586 D B	oyd Sibert - See Item No. 2
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral A	rfery hrombasis onser and Death
DUE TO	
(conditions, if any, which gave) (b) Cerebral (c	roten Sclerosis years
nse to immediate couse (a), stating the underlying couse DUE TO	3
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port or Part I of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o.m. p.m. 19 While Not While of work	tary, street, office bldg , etc.)
21 certify that (I) (this hospital) attended the deceased from 1	14 4 , 19 62, to Dec 21, 1967, that (1) (we) to
saw the deceased alive an Dec 15 1967, and tha	t death accurred at 2 . M, from causes and an the date stated obov
22o. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Kobert 13/ fasel M.	D. PHYS. DIRECTOR PHYS
22c. PHYSICIAN'S NAME (Type) Robert B / Howell M	22d ADDRESS
TOBELL O' C. CLOCK WILL	
230 BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	- 1-1-1
241101	t8L. Cemetery Arlington, Va.
24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave	N.W. 250 REC D BY REGISTRAR 57 256. BEGISTRAR & SIGNATURE
wash. D	ic. N. W. DEC 28 1991

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill d in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban pipers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours offer TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

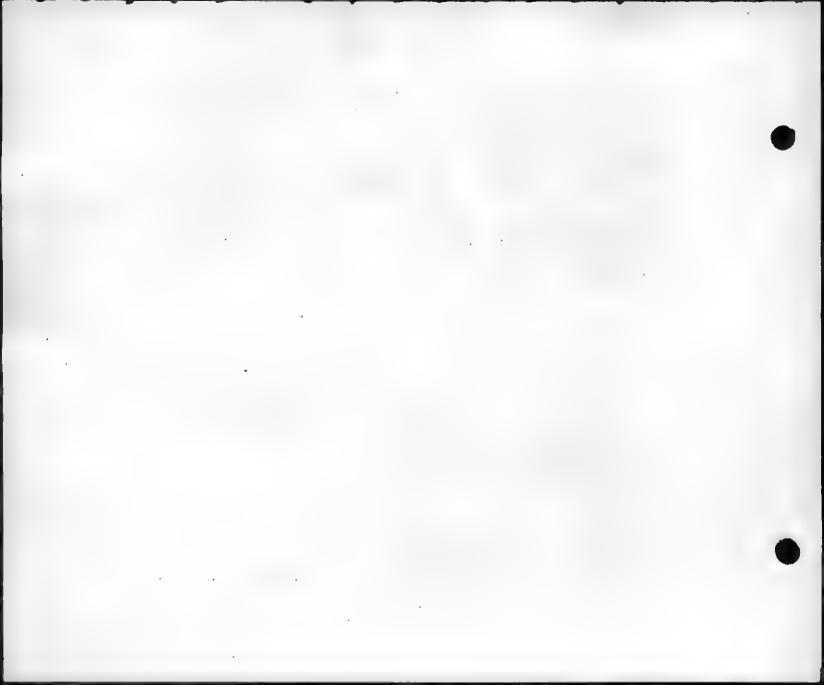


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie executed within 24 hours Page 4 may be retained by the hospital or attending physician.

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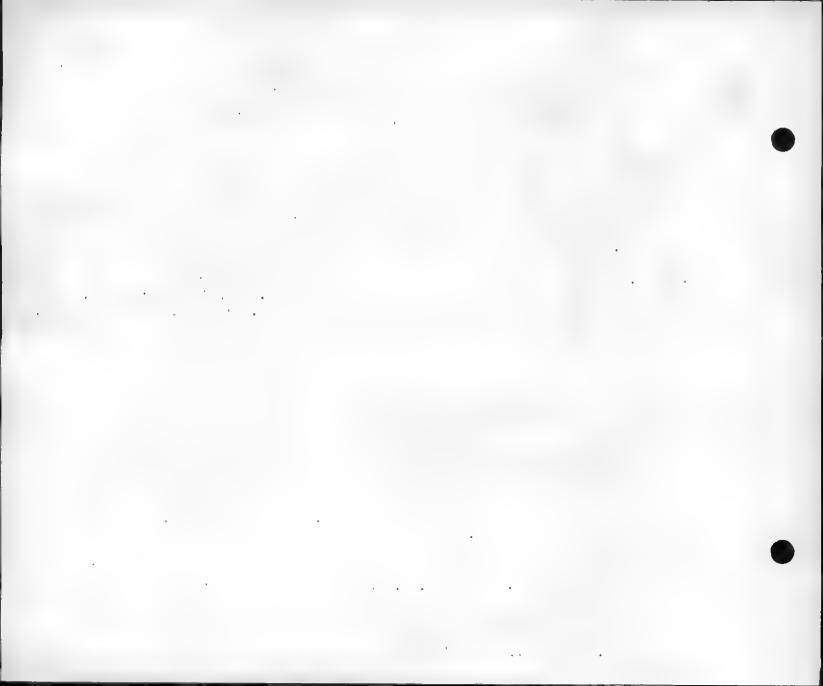
	MARYLAND STATE DE	PARTMENT O	E HEALTH		-
	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PREST		BALTIMORE	E 1, MARYLAND
	Item #2a,b,c & d Film#139 CERTIFICAT	E OF DEAT	Ή (1/367
1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDE	NCE (Where decease		ition: Residence before admission)
	MONTGOMERY MARYLAND	a. SIAIE	Md.	b. COUNTY	Mont.
	b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	II.		ate ilmits, write	RURAL and give nearest town)
	STLVER SPRING MIT	15	r Spring		1
	d. NAME OF HOSPITAL ON INSTITUTION (if not in nospital, give/street address)	d. STREET AOORES	•	- T-1	B. IS RESIDENCE DN A FARM?
3.	NAME DF FIRST MIDDLE		Rreokmor		Oay Year
	DECEASED (Type or print) NAE HAUKE SA	KTNUFO	DF DEATH	Month	0ay Year 19 67
5.		8. OATE DE BIRTH	19. A	E (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	W WIDOWED DIVORCEO	Sept 10, 1	889 -	st birthday) Mo	on this Oays Hours Min.
10a dur	USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR INDUSTRY INDUSTRY		(County & State, of		12. CITIZEN DF WHAT COUNTRY?
	Dedoral Hirl - Killred Federal Hord	Jacome		ingter	U.S.A
13.	FATHER'S NAME	14. MOTHER'S MA	. 0	0	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Carrie	Dun		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 15., np., or unknown) (If yes give war or dates of service)	INFORMANT	5	Address	10430 PROOKMOOR
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1	S/VHOMI	JULLI	VRN	TIR. S.S. MIT.
	PART I. DEATH WAS CAUSED BY:	2 3-4 2-3	5 , 6		ONSET AND DEATH
	IMMEDIATE CAUSE (a) CETO	2 1-4 0-1	2		7 17 13
	Conditions, If any, which) (a) dis - V = 3	10-10-14	Tenel	0, 10.	ore / Yr.
	gave rise to immediate (
_	underlying cause last. (c)				
AT 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINA	L DISEASE CONDIT	ION GIVEN IN PAF	PERFORMEO?
FIC	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IIDDEA /Enter natura	of Jaluar Ja Bart I	or Dort II of It	YES NO
CERTIFICATION	DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORREO. (Enter natura	or injury in Parci	OF Part II VI It	EIII 10./
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA Hour s.m. While Not While	ACE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (Cit	y or town)	(County) (State)
ME	p.m. 19 at work at work			1	
	21. I certify that (I) (this hospital) attended the deceased from		1967, to	14/6,	19 C that (I) (we) last
	saw the deceased alive on 13/4 1962, and that	t death occurred at	M, trom		d on the date stated above. 2b. Date signed
	Mauld Herger M.C	o. PHYS.	MEO. DIRECTOR	STAFF PHYS.	12/6/67
1	22c. PHYSICIAN'S NAME (Type) He = - 1d + C15=7	22d. ADDRESS		Auc	NW DC
226		Y OR CREMATORY	5 (204)	100 (0)	
240	Dec 8, 1967	Day -	23d LOCA	10N (City, town	or county) (State)
24		250	EC'D BY REGISTR	AR 55b. REGIS	STRAR'S SIGNATURE
	Hather Vallace 254 Carroll of	Z / A DATED	FC 1 1 19		carter Judge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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requires that the Meath certificate by expreuted within 24 figures after disath physician.	runeral l ond 2 er déath.			PLACE OF DEATH D. COUNTY	Montgome	У	MARYL	.AND		RESIDENCE () Maryla		ed lived if institu b (Ol		e before	odm ssio	n) į
6	2 8 5 5				f outside corporate limits		ENGTH OF STAY IN	βb				ite Emits, write Rl	JRAL and give	neorest	own)	
SIN .	aurs				da (Rural)		6 days			Forest	ville				10	m.F
4	ME INTE				AL OR INSTITUTION (If no	in hospital, give st	reet oddress)			ADDRESS				e	IS RESID ON A FA	ENCE RM?
Ē 5	ely filled oan pape within 7	3	L		Hospital					13 Rena				УE		NO 🖸
with -	ely ban wit			NAME OF DECEASED	Frank		Middle ane	SLAS		tze	4 DATE OF	Mor	oth ober 31	Doy	Уea	
pe -	plet car rent,		S	Type or print)	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		. DATE OF	RIRTH	DEATH	AGE (In vents	IDET. 21		19 F UNDER	67
exacut	physician and campletely ten please remave carban avol, and in any event, with		N	lale	Cauc	WIDOWED X	DIVORCED	☐ Ma	ay 22	2, 1913		54 birthdoy) yrs.	Months	Days	Haurs	Man
	e re		10a duri	USUAL OCCUPATION	(Give kind of work done life, even if retired)	105. KIND OF INDUSTR	BUSINESS OR Y		1	IPLACE (County			rol	ZEN OF V		
ate	lease		-		N.				1			New York			USA	1
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ie)	를 를	ยเ	10	MIAC DECEASED DUE	Carago Topago	LIA SOCIAL	SECURITY NO.	17 1N	I FORMANT		beth 1	Lane Chevy 64	/AC== 1/	La E		
eath	a in the		(Ýe	s, no, ar unknown)	(If yes give war ar dates o	service 567 51	+ 3644					mann, 51			A	
)e	aff perr ian,		H		ATH (Enter only one cou			Pitti	20 110	Tell D.	Detion	110 IIII) 1	OU DOI		VAL BETV	-
# 1	by the attribution in the propertion of the properties of the prop			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	of Civeho	515 0	LIVE	22					ONSE	AND DI	ATH
dan.				5810	DUE		1									
uire hysi	signed burial-i burial,			Conditions, if ony, rise to immediat		(b)										
red ig p	C 00 0			stating the under	lying couse DUE											
og iii Migu	s been as the oriar ta			lost		(c)								- E 10		DC-1
: Tha	e ha use alth p	2	ATION	PART II, OTHER SI	GNIFICANT CONDITIONS O	INTRIBUTING TO DEA	TH BUT NOT RELA	TED IO TH	HE TERMIN	AL DISEASE (ON	id⊤on give	N †N PART 1(o)		YES	AS AUTO REORME	10 [3 D3 52 A
PHYSICIAN The haspital of			CERTIFICATION	200 ACC DENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIBE	HOW INJURY OCC	CURRED. (E	Enter notur	re of injury in t	Port I ar Por	t II of item 1B)				
하하	this cert etached Dept. a		MEDICAL	20c TIME OF INJU	RY Manth, Day, Year	20d INJURY				RY (Home, form		(City or tawn)	(Cau	nty)	(5	tate)
	0 0		WE	p.n	19	of work	Not While at work			office bldg., etc.)						
ATTENDING etained by th	d be Stat			21. I certi	y that (#) (this has	ital) attended t	he deceased f	ram_No	ov. 5	, i	967.	Dec. 3	19.6	7 , tha	(H) (V	ve) lo
TTE gine	Pacl h th			saw the de	ceased alive an	Dec. 31	19 <u>_67</u> , at	nd that	death a	occurred of	145A M	l, tram causes		e date		abav
TO HOSPITAL OR ATTENI Page 4 may be retained	RECI 3 st d wit			NULL	it (Blan	chlun		M D	ATTENO PHYS	DING	MED DIRECTOR	STAFF F	_	. 2,		8
TAL nay b	AL DIII poge e filed	1		22c. PHYSICIAN'S NAME (Type)	Frank C.	Blackbur	a. M. D.		22d.	ADDRESS	Hosn	ital, Be				
4 n	NER tar,		230	BURIAL, CREMATIC	<u>`</u>		NAME OF CEMET		DEMATORY			CAT ON (City or To		(Caunty)		ote)
Page	o FUNER, director, shavid b			PEMOVA (Specify			Arlingto					ington,			(31	oral
⊢ VP	A15 (4)		24		Falls Chur	ch Funera						AR 25b R				
254	4 7 /47			1102 W.	Broad St	Falls Chi	irch Vi	rain	i Pi	pulsed hit	0 4	000 1	Une 6	. Vaca	A E.	



TO HOMPITAL DI ATTERMING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after doubt

Page 4 may be retained by the haspital or attending physician

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by they director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers—Eager should be filed with the State Dept. of Hea th prior to burial, cremotian, or removal, and in any event, within 72 hours of

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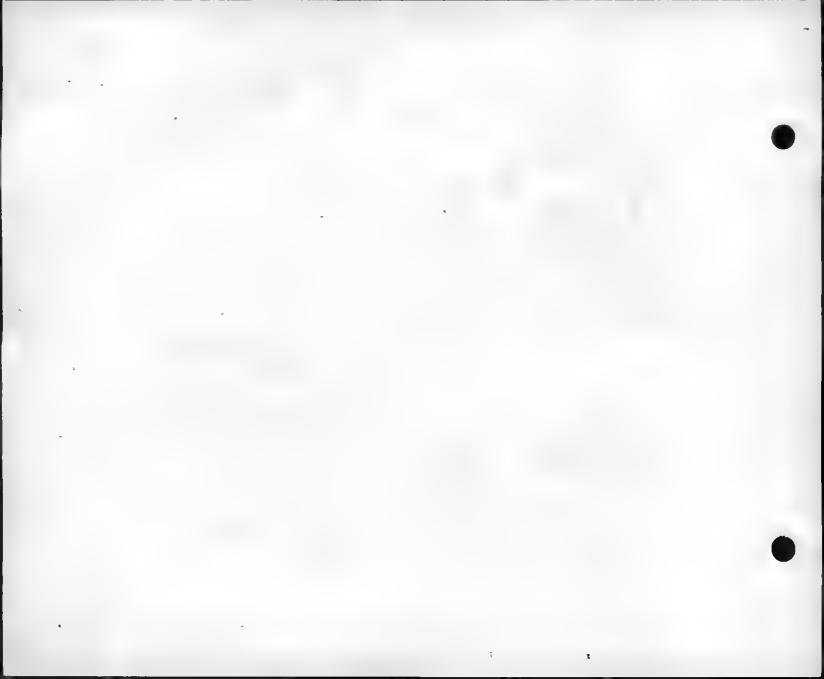
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

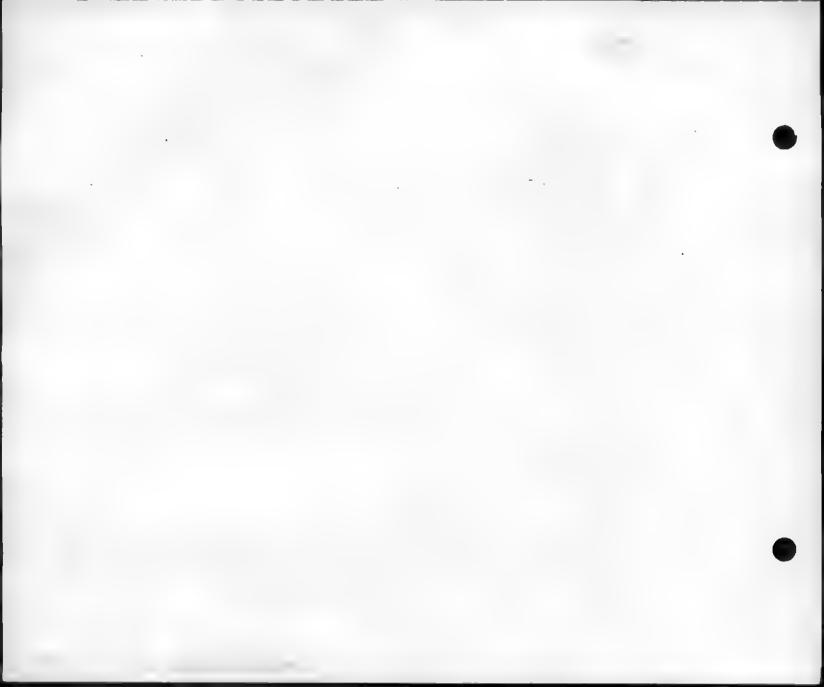
CERTIFICATE OF DEATH

CYDCA

					A 4	0.03
		PLACE OF DEATH O. COUNTY	MARY AND	2 USUAL RESIDENCE (When	re deceased lived, if institution. Residen	ce befare admission)
1	ŀ	b CITY OR TOWN (If outside corporate limits.)	MARY, AND c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	e corparate limits, write RURAL and give	e neorest town)
И		write RURAL and give negrest town)	97days (12-11-67	RE	THESDA	, ,
7	(d. NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS		e IS RES DENCE ON A FARM?
		Subul bAN		4512 HAN	Ching LANE	YES NO X
	1	NAME OF First	Middle	1	DATE Manth	Day Year
	5. 5	(Type or print) / ////E . SEX 6. COLOR OR RACE / /	MARRIED NEVER MARRIED	SLOTHOWER B. DATE OF BIRTH	9 AGE (In years IF UNDER	19 6 / 1 YEAR F UNDER 24 HRS
		P 1/1	AIDOWED X DIVORCED	6-28-99	ast birthdoy) Months	Days Hours Min
ı		USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & St	gte, or fareign country) 12 Cl	TIZEN OF WHAT
		ing most of working life, even if retired) HOUSEWIFE	INDUSTRE		vania (UNTRY? J. CL.
-	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
ŀ	15	James Turck	16 SOCIAL SECUR TY NO 17. I	Unknown	Address Sam	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? sscap of unknown) (If yes give war ar dates of sen	Mariy	V	H.Slothower	e as Item 2.
Ì		18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:	1010 120			ONSET AND DEATH
i	IMMEDIATE (AUSE (a) Careinametasis with intestinal ebstruction Due to					
-		12 months				
1		(b)				
1		rise to immediate couse (o), DUE TO				
- 1		stating the underlying cause (c), stating the underlying cause (c) (c)				Lio nuc Tony
	ATION	rise to immediate couse (o), DUE TO	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION G VEN IN PART I(a)	19 WAS ALTOPSY PERFORMED? YES NO
	L CERTIFICATION	stating the underlying cause (c), stating the underlying cause (c) (c)	BUTING TO DEATH BUT NOT RELATED TO T			PERFORMED?
i	MEDICAL CERTIFICATION	nse to immediate couse (a), stating the underlying cause lost. PART OTHER SIGNIFICANT CONDITIONS CONTR 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED 20d IN. JRY OCCURRED 20e PLA	(Enter nature of injury in Port CE OF INJURY (Home, form, ary, street, affice bldg , etc.)	I ar Part II af Item 18) 20f (C ty ar town) (Co	PERFORMED? YES NO unity) (State)
i i		DUE TO Stating the underlying cause lost. PART I OTHER SIGNIFICANT CONDITIONS CONTR 20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DALAYS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a.m. 19 21. I certify that (I) (this hospital)	20b DESCRIBE HOW INJURY OCCURRED 20d IN.JRY OCCURRED 20e PLAI While of work at wark at wark 1 ottended the deceased fram 1	(Enter nature of injury in Part EE OF INJURY (Home, form, ary, street, affice bldg , etc.)	1 ar Part af tem 18	PERFORMED? YES NO Unity) (State)
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		DUE TO Stating the underlying cause lost. PART I OTHER SIGNIFICANT CONDITIONS CONTR 20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DALAYS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a.m. 19 21. I certify that (I) (this hospital)	20b DESCRIBE HOW INJURY OCCURRED 20d IN.JRY OCCURRED 20e PLAI While of work at wark at wark 1 ottended the deceased fram 1	(Enter nature of injury in Part CE OF INJURY (Home, form, ary, street, affice bldg, etc.) A A A A A A A A A A A A A A A A A A A	I ar Part II of Item 18) 20f (C:y ar town) (Co M, fram causes and an t	PERFORMED? YES NO Unity) (State)
1		DUE TO stating the underlying cause lost. PART I OTHER SIGNIFICANT CONDITIONS CONTR 20a ACCIDENT WAS UNDERLYING CONTR 20a ACCIDENT WAS UNDERLYING CONTR 20a ACCIDENT WAS UNDERLYING CONTR 10 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 21. I certify that (I) (this haspital saw the deceased affive an	20b DESCRIBE HOW INJURY OCCURRED 20d IN.JRY OCCURRED While Not While of work at wark 1) attended the deceased fram C XO 19 67, and that	(Enter nature of injury in Part CE OF INJURY (Home, form, ary, street, affice bldg, etc.) Advantage of the part	20f (C ty ar town) (Co M, fram causes and an ti	PERFORMED? YES NO (State) which is the date stated abave.
	MEDICAL	nse to immediate couse (a). Stating the underlying cause DUE TO	20b DESCRIBE HOW INJURY OCCURRED 20d IN.JRY OCCURRED While of work at wark tother at wark of the deceased fram 30d NOVAN MI	(Enter nature of injury in Part CE OF INJURY (Home, form, ary, street, office bldg, etc.) A death accurred at ATTENDING MEI PHYS. DIR 22d ADDRESS.	20f (C:y ar town) (Co M, fram causes and an t ECTOR PHYS. 22b D.	PERFORMED? YES NO (State) which is the date stated abave.
	MEDICAL MEDICAL	nse to immediate couse (a). Stating the underlying cause (c). PART I OTHER SIGNIFICANT CONDITIONS CONTR 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [1] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this haspital saw the deceased give an acceptable of the control of the c	20b DESCRIBE HOW INJURY OCCURRED 20d IN.JRY OCCURRED While of work at wark toth of the otwork of the deceased fram 30d NOVAN 123c NAME OF CEMETERY OR	(Enter nature of injury in Part CE OF INJURY (Home, form, ary, street, affice bldg, etc.) TAV , 19 I death accurred at ATTENDING DIR 22d ADDRESS DIR CREMATORY Quaker Cem.	I ar Part II af Item 18) 20f (C: y ar town) (Co SC ta	PERFORMED? YES NO Very No (State) Yes No (State) (State) (State) (County) (State) (County) (State) (County) (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 *Also knownas OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH **b** COUNTY a COUNTY C. LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL and give negrest town) VOR d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🖂 NAME OF 4. DATE Manth Year campletely f nave carban LO51 DECEASED ORA DEATH (Type or print) 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remave lost birthday) Manths Days Hours any Z WIDOWED DIVORCED gug TO JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1). BIRTHPLACE (County & State, ar fareign country) during mast of working life, even it retired) COUNTRY? ease attending physician permit. Then please pup FATHER'S NAME 14 MOTHER S, MAIDEN, NAME 9 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. (Yes, na, ar unknown) (If yes give war or dates at service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per lane for (a), (b), and (c)) signed by the burial-transit p 1, ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause the TO FUNERAL DIRECTOR: After this certificate has been priar to last. OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p ö 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. JNJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at wark at work be retained by 21 I certify that (I) (this haspital) attended the deceased fram. shauld with the and that death accurred at A. I. M. fram causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE directar, page 3 shavid be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) NAME OF CEMETERY OR CREMATORY 406ATION (City or Town 23g. BURIAL CREMATION DATE THEREOF REMOVAL (Specify) 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

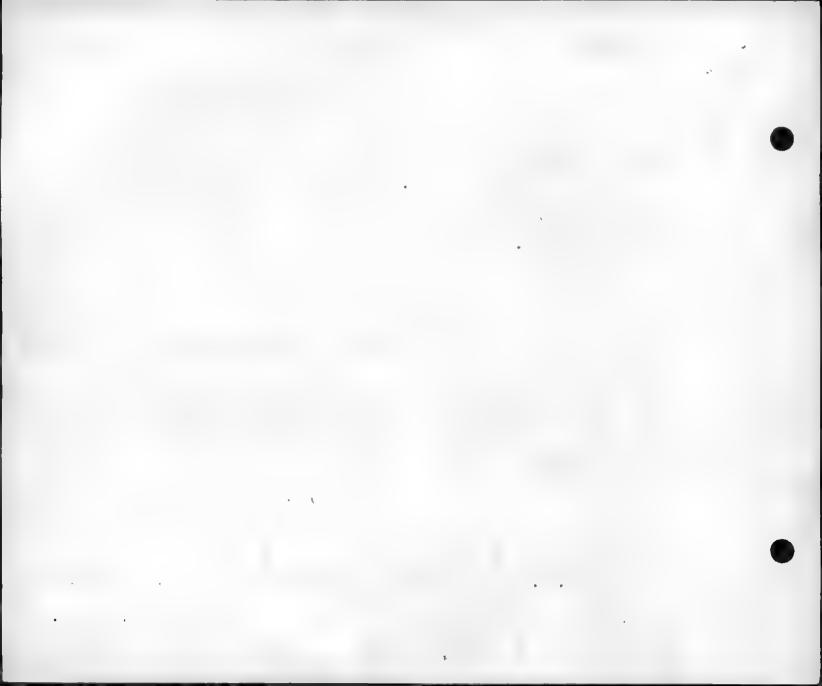
	1.071	CERTIFICATE	OF DEATH		17371
1	PLACE OF DEATH A SOUNTY A SOUN	MARYLAND	Mary Cand		eyecre,
te	b (ITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in the	aspital, give street address	Kockweer) d STREET ADDRESS		and give negres fawn) B IS RESIDENCE ON A FARM?
3	NAME OF PICEASED (Type of pitet) The definition of the piter of pitet of	/ Middle E •		DATE Month OF DEC.	VES NO A
	SEX 6. COLOR OR RACE 7. N	IARRIED NEVER MARRIED 8	DATE OF BURTH	9 AGE (in years 1	NDER I YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
du	u USUAL OCCUPATION (G ve kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto	e, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
19	RATHER'S NAME S WAS DECEASED EVER IN U.S. ARMED FORCES?	Rudy	14. MOTHER'S MAIDEN NAME	tta Amil	Same acadere
(i)	(If yes give wor or dates of serv	579-12-6893 ad	reghter ar	line Smith	NTERVAL BEJWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) — DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse DUE TO	hijgo's tah	c mma	hefreen	ONST AND DEATH
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(a)	19 WAS AUTOPSY PEGFORMED? YES NO
AL CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (E		·	(
MEDICAL	p.m. 17	While Nat While facto	E OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE	orrended the deceased from 2	dwath accurred at the		/, 19, that (1) (we) last d an the date stated above. 22b. DATE MGNED/
	22c. PHYSICIAN'S J. IR. Shap:	iro M.D	PHYS A DIRE	nsin Ave, Be	thesda, Ma.
	BURIAL, CREMATION, 235 DATE THEREOF	67 Mafflinbur	g	23d LOCAT ON (City or Town) Mifflinburg	, Pa.
1		Rockvill@MPike ille, Maryland	DATEN F.C.		trar's SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled, director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon page VR A15 (4) 25M 1/67

IN MESTITAL OR ATTINDED PHYSICIAN: The low requires that the death certificate be exerted within 24 hours

llage 4 may be retained by the hosp tal or aftending physicion.

director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE	OF DEATH		1/372				
1. PLACE OF DEATH			ere deceosed lived, if institution					
O. COUNTY MONTGOMEN		O. STATE MARYL		MONTGOMERY				
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de carparate limits, write RURAL	and give nearest town)				
SILVER SPRING	4 DAYS	SILVER	SPRING	12.				
d NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS		e S RESIDENCE ON A FARM?				
HOLY CROSS HOSE	2,	9405 AV	ENEL ROAD	YES NO				
3 NAME OF First DECEASED (Type or pont) CLIVE	Middle Tones S	PAITH	OF DEATH DEC	Doy Year 27 19 67				
الرود السيريين الم		3/1/95		IF JNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min				
10o USUAL OCCJPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Onternal Revenue	11 BIRTHPLACE (County & S Kentucky	tote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Major D. Smith		14. MOTHER'S MAIDEN NA						
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np., or unknown) (If yes give wor or dotes of sen	16 SOCIAL SECURITY NO. 17 I	Sarah Sie NFORMANT	acetton allos applicas	oad .				
(1 yes give wor or dores or ser	215-38-4440 7	Eval ismith	Jupa Ca	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY							
Conditions, if any, which gove) (b)	Code of the state							
nse to immed.ote cause (o), stoting the underlying couse (c) Last.	Jelleral yeaks							
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	EIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO				
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	rt I or Port II of Item 18)					
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	While Not While of work of work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f (City or fown)	(County) (State)				
21. I certify that (I) (this hospital sow the decepted alive on De	21. I certify that (1) (this hospital) attended the deceased from 12eceur her 23 19 67, to December 2,719 67, that (1) (we) lost sow the deceased alive on December 26 19 67, and that death occurred at 332 A M, from causes and on the date stated above.							
220. SIGNATURE Sennet								
22c PHYSICIAN'S Bennet	A. Porter Jr M.	p 9301 (e/e.	11 01 01	Spring Mid.				
230 BURIAL, CREMATION, REMOVAL (Specify)			23d LOCATION (City or Town	(County) (Stote)				
abutial a a UCC. 29.	1967 Port Linco	ln Cemetery	Prince year.	Les Co. 11d				
Warner & Dumban On	Let 8434 ADDRESSIGNA HI	Demue 250 RECD E	Y REGISTRAR 256 REGIS	STRAR'S SIGNATURE				

The funeral

haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely thind in Ey, the furjeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carboa gapers eggis 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4 25M 1/67



1078

FOR STATE HEALTH DEPT.

5 may bill reto ned for your files.

TO FUNERAL DIRECTOR: Page 3 should lill uimd as a burial-transit | lillende page 1 land 2 with the State Depart

VR A 15ME (5) (5)

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, thm fumeral director Page II shauld be forwarded to the Chief Medical Examiner's Office along with farm.

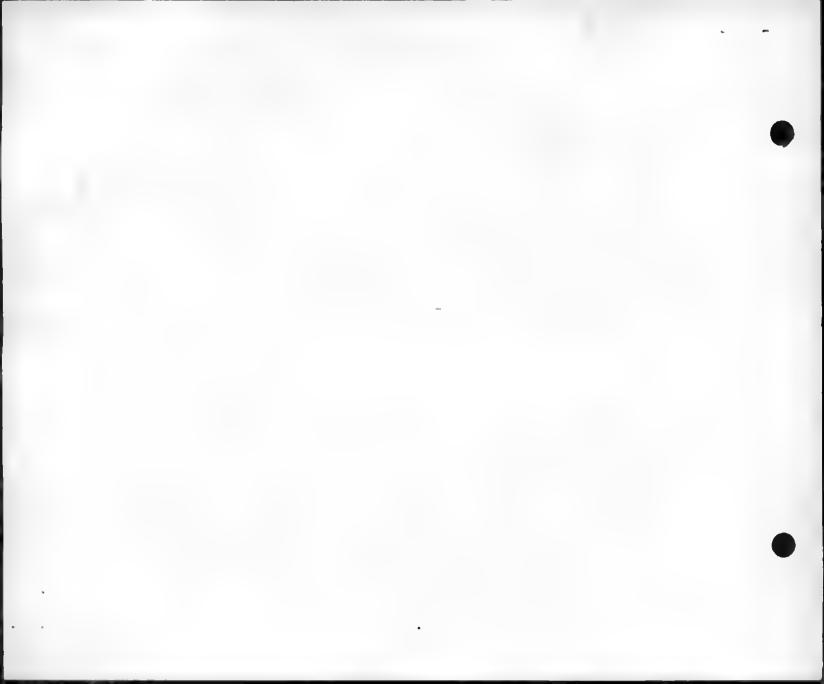
This certificate should be executed within 24 hours ofter death 19

TO DEPUTY MEDICAL EXAMINER:

ond 3 to.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL EXAMINER	S CERTIFICATE OF DEATH	17373
1	PLACE OF DEATH O COUNTY OF OWNER OF MARYLAND B JITY OR TOWN (If outs de proporte mits, C LENGTH OF STAY IN 16	2 USUAL RESIDENCE (Where deceased lived, if institution of STATE by COUNTY of STATE	SomEn /
10	write, RURAL and give nedfest town) A A	Olen Cocks	e IS RESIDENCE
5	d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress)	6163 FrINCETON AUE	ON A FARM? YES NO K
L	NAME OF DECEASED (Type or print) Robert Edward	Snith OF DEATH DEATH	10
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	B DATE OF BIRTH 9 AGE (n years last birthdoy)	Months Days Hours Min.
(C)	D SUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) FATHER S NAME 10b KIND OF BUSINESS OR INDUSTRY	1) B.RTHPLACE (State of foreign country) West Virginia 14 MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?
15 (Y	or no or unything his much work of dates of caputed	7. INFORMANT Address 2 Levelai E. Smith - w	add 21me.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) T > U Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last. (c)		INTERVAL BETWEEN
CERTIFICATION	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T		19 WAS ALTOPSY PERFORMED? YES NO
	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	ED (Enter noture of in ury in Part or Part I of Item 18.)	
MEDICAL		PLACE OF IN.URY (Home, farm, 20f (City or town) foctory, street, office bidg., etc.)	(Caunty) (State)
	ACTUAL OP & G. C.	u'cide, Hamicide, Undetermined ma CHIEF MEDICAL EXAMINER	anner 🗌
	EXAMINER'S NAME (Type) JOHN G. BALL	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Bet	110/67
E		or CREMATORY 23d LOCATION (CITY or Town	m) (County) (Stote)
	A FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Man		GISTRAR'S SIGNATURE



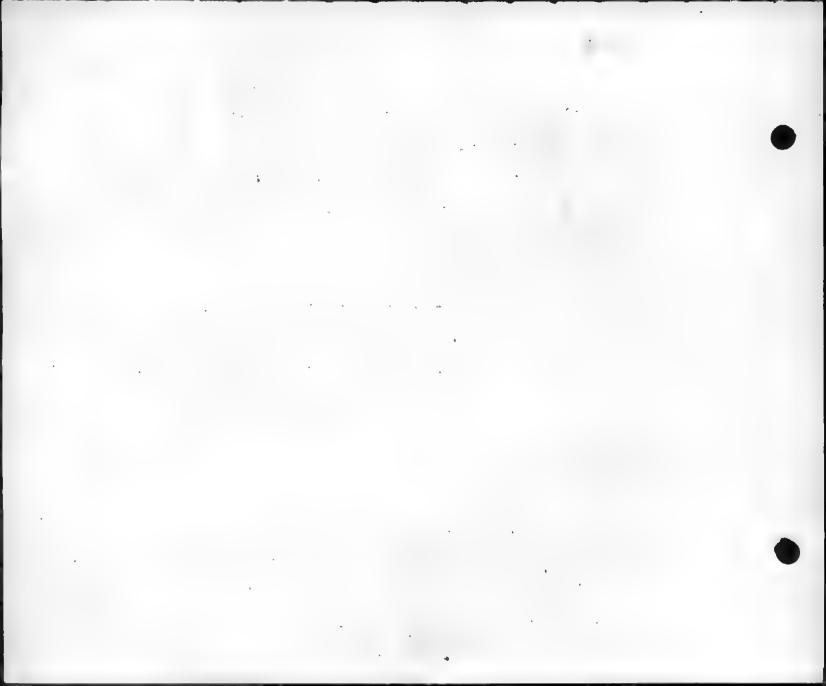
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commetely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove curban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the demth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY.
Montgomery	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RIRAL and give peacest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring 11 months	Takoma Park
d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) Colonial Villa Mursing Home 12325 New Hampshire Ave., Sil. Sp., Md.	d. STREET ADORESS 6. IS RESIDENCE ON A FARM?
12325 New Hampshire Ave. Sil. Sp. Md.	37 Philadelphia Ave, Takoma Parkes Nok
3. NAME OF First Middle /	Last . 1 4. OATE Month Day Year
DECEASED	RINGMANN DEC. 22 19 67
E REV	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS.
7. MARRIED NEVER MARRIED	last birthday) Monthe Linux Min
F WIOOWEO W DIVORCEO	8-12-85 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INCUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER AT HOME	BALTIMERE, MD US
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
CHARLES REANEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 218-56-8935-7	Nursing Home Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
COOK A CESTU MAN CANCER DU	ONSET AND DEATH
IMMEDIATE CAUSE (a) BRONCHOPN	EUNGONIA 3 DAYS
7 de	THE HOLD A COACH IS WHEN
Cenditions, If any, which gave rise to immediate (b) RRTERIOSCLER	LOTIC HEART DISRASE 17 YEARS
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
a l	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 20a. ACCIOENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
	N'att -ofe - Ne -ofe - ofe -
21. I certify that (I) (this heapital) attended the deceased from	
saw the deceased alive on 12-13 1967, and tha	nt death occurred atM, from the causes and on the date stated above.
228. SIGNATURE	ATTENDING MEO STATE
22c. PHYSICIAN'S, M.	D. PHYS. B OIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)//	22d. AODRESS / 20 793
TKW & L.C.	100 Standard If to Jaller Ville
23a. BURIAL, CREMATION, 23B. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town of county) (State)
Bureal Dec 26. 140/ Cedary The	cemeny Suliand VASUU Ma
24. FUNERAL DIRECTOR 2.54 Cottations	REC'D BY REGISTRAR 250. BEGISTRAR'S SIGNATURE
SUFTERUN WELLENG 18 HELLINGTON AT	220/ PRATE C 2 7 1967
)	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY CVLENGTH OF STAY IN 16 CITY OR TOWN (If outside caroarate limits. CITY OR TOWN ALE autside corparate limits, write RURAL and give nearest town) RURAL and give nearest Jown) ON A PARM?
YES NO d NAME OF HOSPITAL OR TUTION (if not in hospital give street address d. STREET ADDRESS EN AUE NO. NAME OF Middle DATE Month DECEASED DEATH (Type or print) AGE (In geors IF UNDER YEAR IF UNDER 24 HRS COLOR OR RACE MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b) KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) during most of working life, even if retired) Selt-employed

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrich Stadler Bertha Eichenberger IS WAS DECLASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 **INFORMANT** Address (Yes, no, arathanown) (If yes give war or dates of service) Leve allen INTERVAL BETWEEN ONSET, AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause Íost WAS AUTOPSY PART II OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING-TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DECURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year (City or town) (County) Haur o.m. factory, street office bldg, etc. Not-While of work at wark 21 I certify that (I) (this haspital) attended the deceased from M, fram causes and on the date stated above. saw the deceased alive an 19/0 and that death accurred at 220. SIGNATURE 22b DATE SUBNED ATTENDING PHYS STAFF DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) brion Surral onne REGISTRAR'S SIGNATURE

DATE

Inc.

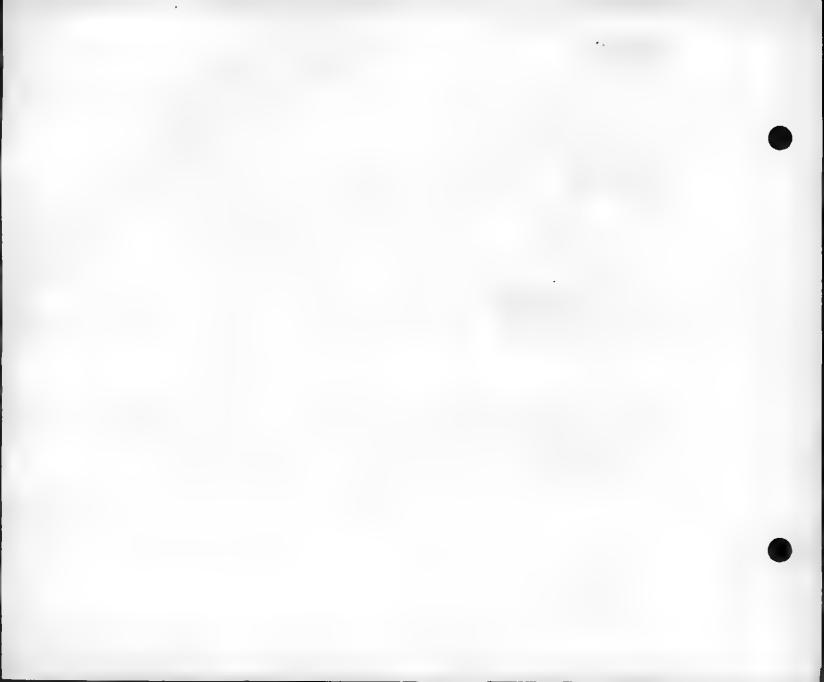
th law requires that the death certificate b executed within 24 hams after remove carban and in any event, physician a ien please i burial, cremation, ar removal, attending phys permit. burial-transit signed by O HOSPITAL OR ATTENDING PHYSICIAN: Th≡ law requires the Page 4 may be retained by the haspital ar attending physician. as the prior tal has State Dept. of Health this certificate detached TO FUNERAL DIRECTOR: director, page 3 should be filed v

VR A15 [4] 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery Hontgom EKY MARYLAND within 24 hours after b CITY OR TOWN (If autside carporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Silver Spring
d. NAME OF HOSPITAL OR 'INSTITUTION (IF not in hospital, give street address)
Holy Cross Hospital Silver Spring uuriai-iransir permit. Then please remave carban papers. P burial, crematian, ar remaval, and in any event, within 72 hou d STREET ADDRESS Pisgah Rd. 3 NAME OF First 4. DATE Month Day DECEASED 1967 NAI (Type or print) DEATH The law requires that the death certificate be executed S. SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) W DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) Penna. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes)no, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CIRCULA signed by the c burial-transit p ONSET AND DEATH Canditions, if any which gave rise to immediate cause (a), DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept of Health prior ta WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION CHOLCC457(775 CHOLCLI ATIASIS Will NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PIACE OF INJURY (Hame, form, (City or town) (County) (State) Haur o.m. factory, street, affice bldg., etc.) 21 I certify that (I) (this haspital) attended the deceased fram. TO FUNERAL DIRECTOR: A director, page 3 shauld 19 67, and that death occurred at 135 M, fram causes and an the date stated above saw the deceased alive an____ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 1111 SPRING 230 BURJAN CREMATION NAME OF CEMETERY OR CREMATORY GERMAN LUTHERON LEMETER GEORGIA HUE UN DE 20012 DATE DE C 2Sb VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2 Film #G397 1/24/68 AICERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARYLAND b. City OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write R. RAL and g ve nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) van Manor Health Care Center 1 AncHE NEVER MARRIED 6 COLOR OR RACE AGE (In years lost birthday) DIVORCED 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR Housewi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alonzo M. L. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkpown) (If yes give wor or dotes of service Watson Andrews

IF UNDER 1 YEAR 12 CIT ZEN OF WHAT **COUNTRY?** Jennie (Maiden name unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CARCINOMA IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? FEBRILE RESPIRATORY DISEASE NO 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While at work . 1962, that (I) (we) last 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DEC 31, 1967 22c. PHYSICIAN S SILVER SPRING. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION 236. DATE THEREOF (County) Spring Grove Cemetery incirnati, Chio

2So. REC'D BY REGISTRAR

DATEJAN

2Sb. REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed director, page should be filed

VR A15 (4) . 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 4 Ficer lifecate of Death

- (2)		= 0011 4	CERTIFICATE	OF DEATH		17379
funeral Tond Tond Tond Ter death		PLACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL	nere deceased lived, if institution LAND b COUNTY	Residence before admission) MONTGOMERY
by the full Pages 1		CITY OR TOWN (If autside corporate limits, c. write RURAL end sive gearest town)	LENGTH OF STAY IN 16	_,	ide carparate limits, write RURAL HERSBURG	and give nearest tawn)
hin 24 hmurs offer filled in by the fr poppers, Pages thin 72 hours offe	,	H NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give MONTGOMERY GENERAL HOSPIT		d STREET ADDRESS 6 WES	ST DEER PARK D	RIVE e S RES DENCE ON A FARM? YES NO
d withi		NAME OF First DECEASED Type or print) BABY	Middle G I RL	STEVENS	4 DATE Month OF DEATH December	
ate be executed with cian and campletely ease remove carbon and in ony event, with		FEMALE 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED 🔲 D	DATE OF BIRTH EC. 28, 196"	7 last hirthday) 7	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min
ertificate be physician an nen please ra ioval, and in	dur	USUA, DCCUPATION (Sive kind of work dane now that the event retired) FATHER'S NAME	OF BUSINESS OR TRY	11. BIRTHPLACE (County 8: MONTGOMER	Y-CTY, MD.	12 CIT ZEN OF WHAT COUNTRY?
certific g phys Then p moval,		ALBERT STEVENS		14. MOTHER'S MAIDEN NA BERTHA S.	LINGER	
ne dinoth cer attending p permit. The ion, or remo	(Y)	s, no, or unknown) (If yes give wor or dotes of service)	NE ME	DICAD RECORD	Address DS-MONTGOMERY (GEN. HOSP.
s that the dmoth certifician. cian. d by the attending physi-transit permit. Then pl., cremotion, or removal,		1B. CAUSE OF DEATH (Enter only one couse per fine (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(b), and (c))	y fail	we	ONSET AND DEATH
e low requires that the dmoth certificate be executed within 24 hmurs after dmath tending physician. Is been signed by the attending physician and campletely filled in by the funeral as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 prior to burial, cremation, or removal, and in any event, within 72 rours after death		Conditions, if any, which gave note to immediate cause (a), stating the underlying cause last.	elingere	3,020)	war.	101~
AN: The lo al or offen icate has b for use as Health pric	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE COND	IT ON GIVEN IN PART (a)	19 WAS AUTOPSY PERFORMED? YES NO
日も生っち	MEDICAL CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (6		<u>'</u>	
ING PHYS by the hos frer this ce be detoche stote Dept.	MEDICA	Hour a.m. While p.m. 19 of wark	Not While facta	OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f (City ar tawn)	(County) (State)
S A M S		21. I certify that (1) (this hospital) attended saw the deceased alive an	the deceased from A	death accurred at L		, 19, that (I) (we) la nd an the date stated abov
TAL OR ATTER May be retoine AL DIRECTOR: page 3 shault e filed with the		220. SIGNATURE 22c. PHYSICIAN'S	M.D		IED STAFF PHYS.	22b. DATE SIGNED
	236	NAME (Type) C. H. LIGON, M.D.	NAME OF CEMETERY OR C		CENTER, SANDY	
	L	REMOVAL (Specify) FUNERAL DIRECTOR FUNERAL DIRECTOR	Forest Oak	,	Paithershy BY REGISTRAR 256 REGISTRAR	
VR A111 (4)		Direct post of Greather	2 Garthers	Car S DATE AN		andin Judge



4571

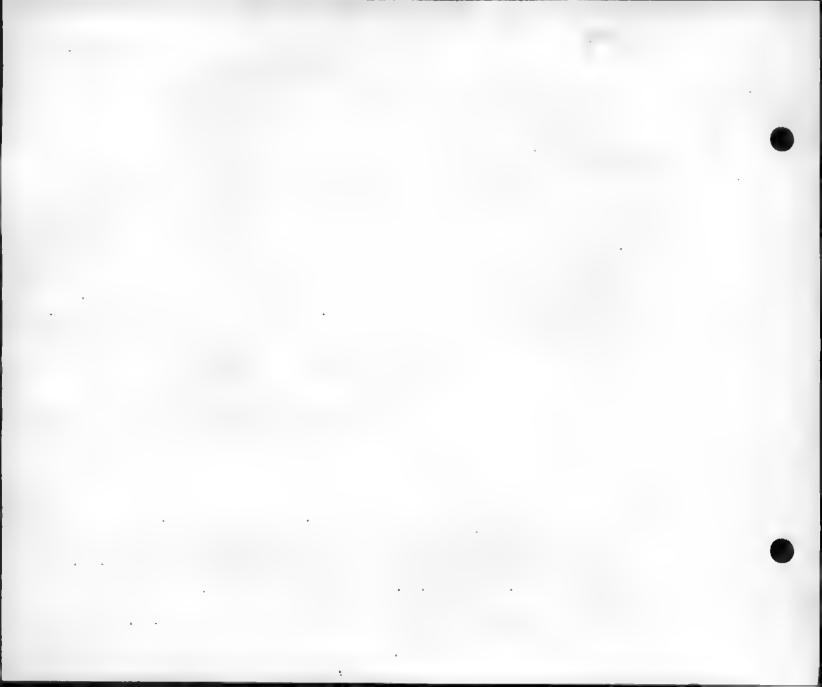
CERTIFICATE OF DEATH

1/380

				CEKTIFI	LAIL	OF DEATH			110	1 NAT	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased	lived, if instituti	ion: Residence	e before o	dmission)
	o. COUNTY MO	ntgomery		MARYL	AND		Virgin		ΥŢΥ		p. Market
	b. CITY DR TOWN	(If outside corporate limit	ts .	c LENGTH DE STAY IN		c. CITY DR TOWN (4 ou			RAL and give	neorest fi	own)
	Bethe	sua (rura).)		4 days		Dunba	ar				7
_	d NAME OF HOSP	TAL DR INSTITUTION (If n	ot in hospitol,	give street address)		d STREET ADDRESS				e	IS RES DENCE DN A FARM?
	Naval	Hospital				308 11th	Stree	t			NO X
3	NAME OF	F	ırs‡	Middle		Lost	4 DATE	Mont	lh.	Doy	Year
	DECEASED (Type or print)	Va	n Clev	е	STI	TNER	OF DEATH		ember	10	19 67
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (n years	Months		JNDER 24 HRS
	Male	Cauc	WIDOWED	DIVORCED		June 20, 1	1913	last birthday)	MOIITIS	Doåz	Hours Min
10a dur	USJAL OCCUPATION TING MOST OF WORKING	N (G ve kind of work done with even if retired)		IND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (County	& State, or foreig	in contri)	12 (T COU	ZEN OF WINTRY? US	MAT A
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			-	
	George	Stiltner				Grace Mon	ohan				
IS	WAS DECEASED BY	ER IN U.S. ARMED FORCES?	of capuse) 16	SOCIAL SECURITY NO.	17 1	NFORMANT Dunb	ar	Addre	ss W. V	la.	
(ii	Yes	(If yes a ye was or dotes	3 2	33-56-9592	Mı	s. Virginia	Stil	tner, 3	o3 <u>‡</u> 11	th S	t.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)							AL BETWEEN				
	1	ATH WAS CAUSED BY, IMMEDIATE CAUSE	(o) Ence	ephalomalac	ia c	of left temp	oral p	arietal	area	ONSET	AND DEATH
	443X		to mas	sive							
	Conditions, if on rise to immedia	to cours (n)		<u>ertensive c</u>	ard:	<u>iovascular d</u>	isease			100	irs,
	stoting the und		10								
	lost.	,	(c)								
CATION	PART II OTHER !	IGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO 1	'HE TERMINAL DISEASE COM	IDITION GIVEN	N PART I(o)		PE YES	AS AUTOPSY REORMED? NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b D8	ESCRIBE HOW INJURY OCC	URRED	Enter nature of injury m	Port I or Port I	of item 18)			
MEDICA	Hour o	JURY Month, Doy, Year .m. 19	While	- Not While -		TE OF INJURY (Home, form pry, street, allice bldg., etc.)		City or town)	(Cour	nty)	(Stote)
	21 I cert	ify that (<u>}}</u> (this ha: leceased alive an_	spital) atteni Dec . 14	ded the deceased fr	am nd that	Dec. 6 , 1 death accurred at	9_67 to_ 145PM,	Dec. 10 fram causes	0, 19_6 and an the	7, that e date :	x(t): (we) las
	22o. SIGNATURE		01)		ATTENDING	MED _	STACE	22b. DA1	TE SIGNED	
		MOYPE	3 20 1	Kerves	M C	PHYS.	DIRECTOR	STAFF E		ec.l	1, 1967
	22c PHYSICIAN ² NAME (Type	Charles S.	Reeves	, M. D.		Naval Hos	pital,	Bethes	da, Md	a	
	BUR.AL, CREMAT	12-1	13-67	23c NAME OF CEMETI Roselawn	Gar	rdens	Prin	TON (CHy or Tox ceton,	W. Virg		
24	FUNERAL DIRECT	orFalls Chur	817	ADDRESS		250. RECO					
	Funeral	Home. 1102	West B	road St. F	alls	Churchen	4	ant m	7/1-1	a. Qu	dalla

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept at Health prior to burial, cremation, or remaval, and in any event, within 72A. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DE VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 2

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00 11	CERTIFICATE	OF DEATH	1 4	381
	PLACE OF DEATH			re deceased lived, if institution Reside	ence before admission)
	montgomen	MARYLAND	o STATE MAR	aland COUNTY	Wartson ERY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 15	c CITY OR TOWN (If outside	corporate limits, write RURA. and go	ve neorest lown).
	211088 Spein	g 22 days	TOC A	01/12 1 Mak	inland
	d NAME OF HOSPITAL OR INSTITUTION (If not in he	opyal, give street address)	d STREET ADDRESS 16	60 Lanier Piace	ON A FARM?
	HOLLA CORO	55 Hospital	4600-	Jaklan JR	YES NO B
3	NAME OF First	Middle	10 Lost 7 4.	DATE Month	Doy Year
_	(Type or pnnt) — REDE	, E, 27	INEME/2	DEATH - ECEMBER	
5.	SEX 6. COLOR OR RACE 7 M.	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF UNDE) lost burthday) Months	Doys Hours Min
_		DOWED DIVORCED	11 ag 18,10	8814 /8 VIS	
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & St		CITIZEN OF WHAT
L	Refired-Auditor	INDUSTRY. C.	Washir	1970n, D.C.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Jamuel W Stine			h Mergan	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of servi	to)	NFORMANT	Address	17, 1, 1/
	NO		Illiam H. Alexa	HNDER 1660 Lun.	
	18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY.	line fer (o), (b), and (c).)	11. 41.	0	ONSET AND DEATH
1	(4) / IMMEDIATE CAUSE (a)	Incustrat Con	g react for	and the same of th	
	Conditions of your which make A	GRAND 6	0		
	rise to immediate couse (a),	000000			
	stoting the underlying couse (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	6. TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CONDIT	ION GIVEN IN PART 1(n)	19 WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO C
I E	200 ACCIDENT WAS UNDERLYING □	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port	or Port H of Item 18)	
ERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,	
MEDICAL	20c. TIME OF NIJRY Month, Doy, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form,	20f (C*y or town) (C	ounty) (State)
叠	Hour to m p.m. 19	While Not While factor	pry, street, office bldg , etc.)		
	21 certify that (I) (this haspital)		101:20 190	1. to Occ. 14, 19	6/ that (I) (we) last
	saw the deceased alive an			M, fram causes and an	
	220 SIGNATURE	2	ATTENDING	STAFF 22b	DATE SIGNED
	Pussell C.	Dufalino M.D	PHYS DIR	ECTOR PHYS LIL	216,1967
	222 PHYSICIAN'S RUSSell C	Block Into Mi	22d ADDRESS	wersety Blog W.	It me
		19 040 1 1 NO 141.16			
230	BURIAL, (REMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)
	Burial 12-19-196		emetery 250 RECO BY	Washington, D.	
	Tosenh Gawler's Sons.	Inc. 5130 Wisc. "v	7.7 1 7	REGISTRAR 256 REGISTRAR'S	

TO NOSPITAL OR MITINDING FINY ICIAM: The law requires that the duath certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages: Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 transits their departs. VR A15 (4) 25M 1/67



1	Ttems 18-21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. ≅ ≗ ≝ ↓ ♥ ()	1. PLACE OF DEATH o. COUNTY Nontgotaery MARYLAND 2 USUAL RESIDENCE (Where deceosed ived, if institution Residence before odm ssion) b. COUNTY b. COUNTY b. COUNTY
my delay is 2, and 3 to PM3 Page	b CITY OR TOWN (If outs de corporate limits, write RURAL and gruenearest town) Olney Olney
2-14	d NAME ORHOSP TAL OR INSTITUTION (If not in hospitory give street oddress) d STREET ADDRESS e S RESIDENCE ON A FARM? White the street oddress 17715 Casael Rd, yes Note Note of the street oddress Note of the str
thours ofter death it item 18. Give Pages 1, Office along with form Iond 2 with the State Dier death.	3 NAME OF OFCEASED (Type or print) PLARI MARIE STONER DEATH DEC. 6 19 67
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Female WIDOWED D VORCED 10/25/18 9 AGE (In years lost birthdoy) Months Doys Hours Min
within 24 hours of pencil in Item 18 xominer's Office a lie pages Iond 2 whours offer deoth	100 USUAL OCC. PATION (G ve kind of work done during most of working fe, even if ret red) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 COUNTRY? 14 COUNTRY? 15 Pennsylvania 15 CITIZEN OF WHAT COUNTRY?
within pentil cominei le page hours o	13. FATHER'S NAME Calvin Dunfee 14. MOTHER'S MAIDEN NĂME ZINKNOWN
2d = 3d = 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give woper dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Twila Stoner Hirlinger Address 7528 Sweet Bria College Park Md Lis CAUSE OF DEATH (Enter only one souse per line for (a) (b) and (c))
pe pe hief ansit	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia due to smoke inhalation during ONSET AND DEATH
wo wo	Conditions, If ony, which gove tire to immediate couse (a), (b) house fire
ificate s ting the orded ta os a b	stating the underlying couse (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
This certificate shincate, writing the be farwarded ta to be used as a bur removal, and in a	PERFONEDS
네 내 무 님	200 EXTERNAL CAUSE WAS PRIMARY WID OF CONTR BUTING CAUSE OF DEATH 200 DESCR BE HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 11 of term 1B) Deceased asleep when house caught fire
	20c T ME OF INJURY Month, Day Year 20c T ME OF INJURY Month, Day Year 12.30 percent 12-16 1967 20d N.URY OCCURRED 20e PLACE OF INJURY (Home form forchary street, office bidg, etc.) Rockville Montg. Md.
tal EXA execute or Page of for you crok: Pag	21. I certify that I took charge of the remains described above, held on Autapsy , Inspection Inquiry , and in my apinic death resulted from Natural causes Ascident Suicide , Hamicide , Undetermined mariner
please ey la rector retained L DIRECTO	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNER
TY, TY,	EXAMINER'S BELOEN R. READIND. DEPUTY MAD CAL EXAMINER DEC. 16, 1967
TO DEPU necesso the funds 5 may TO FUNEI Hearth	230. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CHAMTERY. OR CREMATORY 23d 10CATION (City or Jawn) (Copyrity) (Stote) CREMATION, 12/19/1967 FRT LINCOCK (REMATORY CILMAR FIRMER FREEZE CILMAR FIRMER FREEZE CILMAR
VR A15ME (5)	24 FUNERAL DIRECTOR W.W. CHAMPERS, INC SILVEN SPRING MD DADEC 2 1 1967 JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN



MARYLAND STATE DEPARTMENT OF HEALTH 17382 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17383 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if institution. Residence before admission) o. COUNTY a STATE b. COUNTY Mont. Mont. MARYLAND TENGTH DE STAY IN 15 C 3 Mos. 28 days c CITY DR TDWN (If outside carporate limits, write RURA, and give nearest town) b CITY DR TDWN (If outside carparate limits, write RURAL and give negrest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .= d. STREET ADDRESS filled 4322 Leland St. Potomac Valley Nurseing Home 3 NAME OF Middle 4. DATE M Manth DECEASED 12 Lallie Street A (Type or print) DEATH S SEX 6 COLDR DR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED iost birthday) Months 17-27-75 Female Catt IX 92 yrs. WIDDWED DIVDRCED 10c, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) Teacher INDUSTRY CDUNTRY? transit permit. Then please crematian, or remaval, and Alabama 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME Martin John Abergronbie Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, ar unknown) I (If yes give war ar dates af service) 16. SDCIAL SECURITY ND. 17. INFORMANT 43/ddyss Leland St. 220-44-1774 Laura Jackson Bethesda. IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed burial-ti ocherotic Cardio voscula discui Conditions, if any, which gave) use to immediate cause (o), DUE TO stating the underlying cause has been PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS certificate Remember ATTENDING PHYSICIAN: 20b DESCRIBE NOW NURY DECURRED (Enter native of injury in Part I or Part II of item 18) DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c TIME DF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, (City or town) (County) TO FUNERAL DIRECTOR: After this Hour a.m. White at wark at wark factory, street, affice bldg , etc.) 21. I certify that (1) (this hospital) ottended the deceased from_____ 1955, to Dec. 27, 1967, that (I) (we) lost sow the deceased glive on Dec. 26. 19 67, and that death accurred \$:05AM, fram causes and on the date stated above 22a, SIGNATURE ATTENDING DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL 7710 Dwight Ave., Bethesda. NAME (Type) Dr. Alfred Norton

VR A15 (4)

24. FUNERAL DIRECTOR Robert A. Pumphrev

23b. DATE THERED F

12-27-67

23a. BURIAL CREMATION.

Cremation

Bethesda

Cedar Hill Crematory Suitland Md. 7557ADDRESS'isconsin

Md.

23c. NAME OF CEMETERY OR CREMATORY

2Sq. REC'D BY REGISTRAR

23d. LDCATIDN (City or Town)

(County)

e IS RESIDENCE DN A FARM?

Year

IF UNDER 24 HRS

INTERVAL BETWEEN

DNSET AND DEATH

PERFORMED? ND &

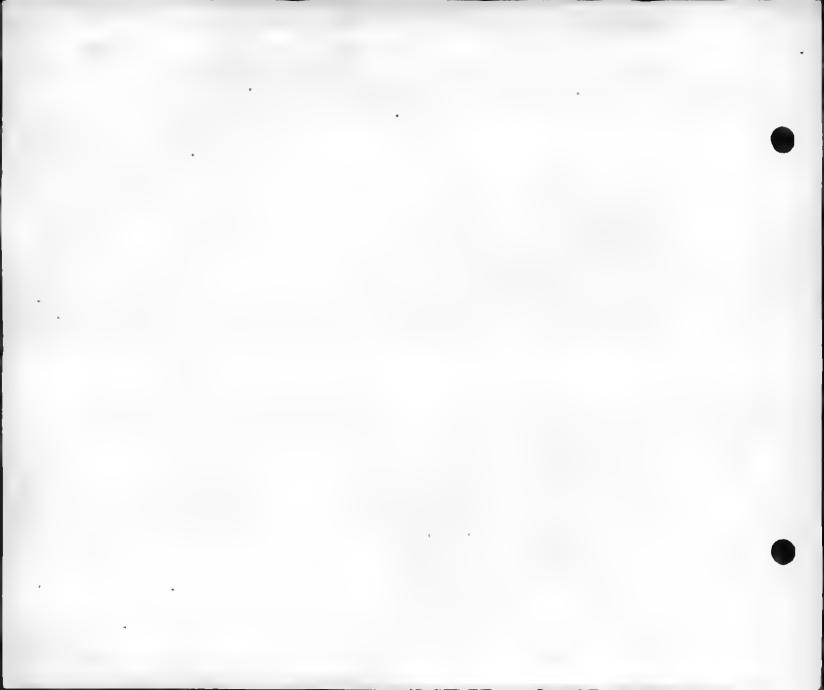
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NO IX

67

2Sb. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1,384 CERTIFICATE OF DEATH 20. DATE OF DEATH 25 HOUR M. ddle Lost 1. DECEASED-NAME First Month 23 Day 1967 Year (Type or print) Tre ures IF JHDER 24 HRS 5. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3. SEX A PACE MONTHS HOIRS lost birthdoy) WHITE APRIL. 1B& emale 103 YRS. requires that the death certificate be executed within 24 hours a 9. COUNTY OF DEATH **7b CITIZEN OF WHAT COUNTRY?** To BIRTHPLACE (Stote or foreign 8. MARRIED MEVER MARRIED country) U.S. WIDOWED DIVORCED [120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired) INDUSTRY BETHESDA 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTY OR-TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 4501 Washinglen IS MOTHER'S MA, DEN NAME First First Middle Last **GOLDEN** UNKNOWN 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT SURES 4740 CONN. AVE. N.W. Yes, na, ar unknawn) PHILIP burial, crematian, ar remaval, 48 let-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burnal-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the **DIRECTOR:** After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | 21g. ACCIDENT WAS UNDERLYING 2]c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215. TIME OF INJURY ğ HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County 21d INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work 22o. I certify that (I) (this hospital) ottended the deceased from 12/22, 1967, ta 12/23, 1962, that (I) (we) last sow the deceased alive an 12/23 1962, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED, DEGREE PHYS. DIRECTOR 22d. PHYSICIAN TO FUNERAL NAME (Type) 23d LOCATION (City or Jown) Fail's Church, V 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b, DATE 12/26/67 King David Mem. REMOVAL (Spicita)] Garden **ADDRESS** 2So REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) B. DANZANSKY & SONS 3501 14th St. N. Whate 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY **b** COUNTY and remuires that the deoth certificate be executed within 24 hours after. MARYLAND TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b (If outside corporate firmits, write RURAL and give nearest town) write RURAL and give nearest town) Forcet ville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hongsh of STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle leose remove corbon 4 DATE Lost Year DECEASED 0F apscott 12 cm bu 1967 (Type or print) DEATH S SEX IF UNDER YEAR THE UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) ale WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) COUNTRY? 11. S HADUSTRY) MILLION during most of working life, even if retired) D.C. Transit Operator Clark Count 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ם or removal, signed by the attending phy buriol-transit permit. Then Henrietta Stickler Japacott WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Mary B. Janscott INTERVAL BETWEET 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH JUN U DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO tor use os the l Health prior to b stating the underlying couse hos been lost. WAS AUTOPSY PART II. OTHER SEGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO this certificate 200. ACC DENT WAS UNDERLYING TO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work of work TO FUNERAL DIRECTOR: After nded the deceased from <u>Scaly</u>, 1965, to 17 Lec., 1967, that (1) (we) last 14 1967, and that death accurred at 6P M, from causes and on the date stated above. Lee. 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. be retained should saw the deceased alive ap_ 22o SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS Crucy MD. DIRECTOR 70 HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d, ADDRESS William Harvey NAME (Type) 2121 director, should be 23c. NAME OF COMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL, CREMATION (County) Port Lincoln Cemetery Prince HEDRAES Co. Ild. Pumphrey. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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IN HOLPITAL OR ATTINGING PHYSICAN; The low requires that the death certificate be executed.

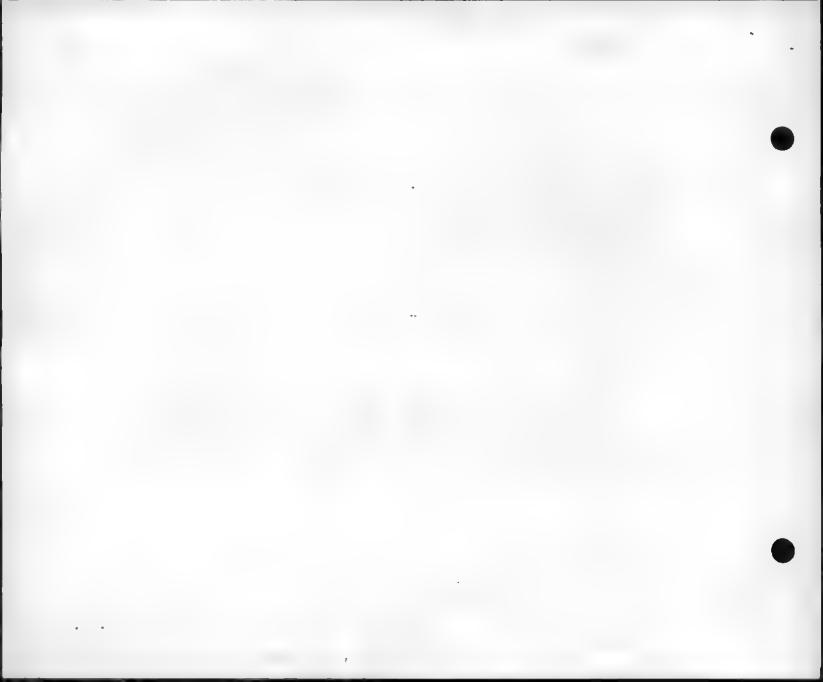
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CERTIFICATE OF DEATH

1200

- [CENTIFICATE C) DEATH	11000
Ī	1. PLACE OF DEATH	2.		ed, if institution Residence before admission)
- 1	mantenmer /	MARYLAND	o STATE	montamee/
ŀ	b CITY OR ADWIN (If outside Cornorate limits		CITY 90 TOWN (if autside corporate irm	its, write RURAL and give neorest (gwn)
- 1	write WHAL and give nearest town)	1	0	1.E
	d NAME OF HOSPITAL OR INSTITUTION (If not in hose		STREET ADDRESS	/ 3
	a NAME OF TOSETIAL OR INSTITUTION (IT HET IN TOSE		A s	OI ON A FARM?
1	Juburban Hospital		DOU DROSVENOV	Tloce. YES NO W
- 1	3 NAME OF First	Middle	Lost 4 DATE OF	Month Doy Year
	(Type or print) ////dved	M. /A	V/OK DEATH	Due 27 1967
- 1	S SEX 6 COLOR OR RACE 7 MAR		- loci	(in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
4	temale, white will	IWED DIVORCED 5.	-6-01 66	All Mills And All Mills Mills
		OB KIND OF BUSINESS OR 1	1 BIRTHPLACE (County & State, or foreign of	ountry) 12 CITIZEN OF WHAT
- 1	during most of working life, even if retired) Housewife-Organist	INDUSTRY	LowA	COUNTRY?
	13. FATHER S NAME	F 14	I. MOTHER'S MAIDEN NAME	u -U./F.
	William Tom		COLEL B	tile to
-	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INFO	PMANT CO	Address
	(Yes, no, or unknown) (If yes give wor or dotes of service)		ment	Addiess
	No	578-62-5429 Rev.	LE WOMALD TAY	loe - SON
	IB. CAUSE OF DEATH (Enter only one couse per lin PART DEATH WAS CAUSED BY	ie for (o), (b), and (c).)		INTERVAL BETWEEN
H	IMMEDIATE CAUSE (o)	METASTATIC	(ARCINOMA	Gonsei and deaths
	1777 X DUE TO			
	Conditions, if ony, which gove) (b)	CARCINOMA	OF /HYROI	7 SYEARS-
-1	nse to immediate couse (a), DUE TO			
	lost. (c)			
-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL D SEASE CONDITION GIVEN IN	PART 1(0) T9 WAS AUTOPSY
	200 ACCIDENT WAS JNDERLYING COR CONTRIBUTING COMPANY MEDICAL EXAMINED OF CONTRIBUTING CONTRIBU	NONE		PERFORMED? YES NO PO
1	200 ACCIDENT WAS JNDERLYING 1	06 DESCRIBE HOW INJURY OCCURRED (Ente	ar notire of index in Port I or Port II of	
-	CONTRIBUTING CAUSE OF DEATH NO	A DESCRIPTION HOUR OCCURED (EIII		non ru)
-	(IF EITHER, NOTIFY MEDICAL EXAMINER)	201 MUNIPY OCCUPATION TOO MACE O	F INJURY (Home, form, 20f (Gt)	(County) (County) (County)
-			F INsURY (Home, form, 20f (City street, office bldg., etc.)	(or town) (County) (Stote)
-	pm. 19 o	ot work U	and the same of th	
	21 I certify that (I) (this hospital) a	ttended the deceased fram 1979	RCH , 19 <u>66</u> , ta	DEC , 1967, that (I) (we) last
-		- 26 " 19 <u>67</u> , and that de	eath accurred at 130 AM, fro	m causes and an the date stated above.
-	220 SIGNATURE	141	ATTENDING & MED	STAFE 22b DATE SIGNED
-	/ / white	MD MD	PHYS DIRECTOR	PHYS 4/2//6/-
	PHYSICIAN S NAME (Type) M A DOLOFF	01		deline dp - 1ml
	MARK (Type) /V) ADELOPP	MICHAELS	504 ELder	vood Ed.
	230. BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR CREM	MATORY 23d LOCATIO	h (City or Town) (County) (State)
	BMOYA(Sendy) 12/29/67	Rock Creek	Washi	ngton D. C.
	24 FUNERAL DIRECTOR	19915 Rock Pi	TIC. DEC'D DV DECITIOND	25b. REGISTRAR S SIGNATURE
-	Tyson Wheeler Funeral	Home Rockvilla M	arvishalan 2 19	168 filliaries Judge
- 1			WY JAKINO	"

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely full d in by me full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon against Pages should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after Rage 4 may be retained by the hospital or attending physician VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE Montgomery Montgomery aurs after outside corporate limits, write RURAL and give nearestawn) the b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) (D.C. 200 6) e IS RESIDENC d'STREET ADDRESS ON A FARM? etery Tilled NO X NAME OF Middle Year Lost DECEASED 1967 OBIN DEC. ARDNER event, (Type or print) DEATH executed IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED gve birthdoy) Months any WIDOWED DIVORCED pub 12 CTZEN OF WHAT 10e JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR and in law requires that the death certificate be physician (during most of working life, even if retired) INDUSTRY MICHIGAN Homemaker FATHER'S NAME ar remayal, PHILLIPS HENRY ARDNER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI permit. (Yes, no priunk nown) (If yes give wor or dotes of service) 1-01-6807 signed by the attent burial-transit permit burial, cremation, a INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY +ONSEL AND DEATH erebra be retained by the haspitat or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse etached far use as the Dept af Health priar ta has been 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/o) ARTERIOSCLEROTIC NO V After this certificate OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part it of item 18.) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (County) (Stote) 20c TIME OF INJURY Month, Day, Year (City or town) foctory_street_office bldg_etc. State of work 1967, to DEC 21. I certify that((1)) this haspital) attended the deceased fram_ director, page 3 shauld shauld be filed with the 1967, and that death accurred at 6:151M, from causes and on the date stated above saw the deceased alive an AU TO FUNERAL DIRECTOR: 220. SIGNATURE 226. DATES GNED M.D PHYS DIRECTOR 22c PHYSICIAN S ADDRESS O HOSPITAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sion Episcopal Church Com. Douglaston, I.I. N.Y. 230 BURIAL CREMATION DATE THEREOF 12/8/1967 7 Che APORESHOWN Co 7/ W 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		6001	2		CERTI	FICATE	OF DEATH		1/38	2.9
		PLACE OF DEATH				I	2 USUAL RESIDENCE (V	Where deceased lived, if institu	t on Residence be	efore odmissian)
′		o. COUNTY	tanne	c11.	MA	RYLAND	a. STATE	b. (OI	JNTY	U
		b. CITY OR TOWN (I	oviside corporate	myls.	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If au	itside carparate limits, write R	JRAL and give nea	arest fawn)
	-	a Kom	give naerey town	\mathcal{G} .	25-de	espe	District	- of Colu	mbia	4:
	-	d NAME OF HOSPITA		If nat in haspital,	give street address)		d STREET ADDRESS		77.10.0.0	e IS RES DENCE
)]	10	Lashingt	on Janu	Jarren	& Hosp	tal	1309 hos	ust Rd, 7	7.94.	ON A FARM? YES NO X
7/		NAME OF /	m	First	Middle		Lost	4. DATE Mo		Doy Year
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			White	WIDOWED	DIVORC	ED 🔲	11-1-85	82 yrs.	, , , , , , , , , , , , , , , , , , ,	10013
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	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		
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	IS /Ya	WAS DECEASED EVE es, no or unknown)	RIN J S ARMED FOR	CES? 16.	SOC AL SECURITY NO	₹2 17 IN	FORMANT dollar	Jodd-Chester	usicld.Mi	Mourin
	1,0	NO	tii les diffe moi di de	1/1	er -7 -7 -7 -16.	Wa:	shington .	Danitariam	Y HOSPI	tal Record
			ATH (Enter only and	cause per line to	r (a), (b), and (c))					INTERVAL BETWEEN
		PARI I. DEAI	H WAS CAUSED BY: ** IMMEDIATE OF	USF (a) Ce	rebro	2	Ihrom	DORIS	1/3	UNSET AND DEATH
			<i>*</i> "	DUE TO	20-6-	~ ~	01000	210	11 1	1-10
		Candilians, if any, rise to immediate		(b)	216016	2 - S	clero	Z(>	Vude	HOMMAG
		stoting the under		I C TOT THE	MAUNIA	to	7 12-4	Horistia	N	MACO
		tost)	(c)	VIED IVED		CC (FF)	MILLES		fere
	N.	PART I OTHER SIG	SNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO TH	E TERM NAL DISEASE CON	ND TON GIVEN IN PART I(a)	Y	19/ WAS AUTOPSY PERFORMED?
	CERTIFICATION	Gen	craliz	ead l	trter	10-	sclere	2818		YES NO
	E E	20a. ACCIDENT WAS	UNDERLY NG	20b D	ESCRIBE HOW INJURY	OCCURRED. (E	nter nature of injury in	Part I ar Port It of tem 18)		
	3	(IF EITHER, NOTIFY			-					
	MEDICAL	20c TIME OF INJU	RY Month, Doy, Ye	ar 20d Wh	NURY OCCURRED Not While		OF INJURY (Hame, farm y, street, office bldg , etc.)		(County)	(State)
	8	p.n		19 at war			y, sireer, off te blug , erc)	3		
					ided the deceased			957 to Dec	15, 19.6.	Phat (I) (we) last
			coased alive a	Dec. 1	4 190/	and that	death accurred at	M, fram causes		date stated above
		22a SIGNATURE			11	2	ATTENDING	MED. STAFF	Dec Dates	15 15/5
,	-	20°C PHYS CIAN'S	V/	-/-	alf	MD		DIRECTOR PHYS L		13,1-107
A	4	NAME (Type)	1000	20	L 730	2//		662.0Ge	2910	que
	02-	<u> </u>		SHIPREDE	Table MANE OF 455	HCTCDV OD C	Silve	23d JOLATION (City or T	1 100	
	230	BURIAL, CREMATIC REMOVAL (Specify)			23c NAME OF CEI	_	ematori	Rockville.	Manula	inty) (State)
/	94	PUNERA DIRECTOR	- 12/18						TEGISTRAR'S SIGNA	
9		THE CONTROL OF STREET	Quantingu		RU Go Aug	ilver	DATE ON THE		liarles	

ID BOSPITAL R ATTENDING PRYSICEN: The faw requires that the death cartificate be exacted within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbary papers, Pages 1 and part pages 3 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, with in-39 hairs after defined. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



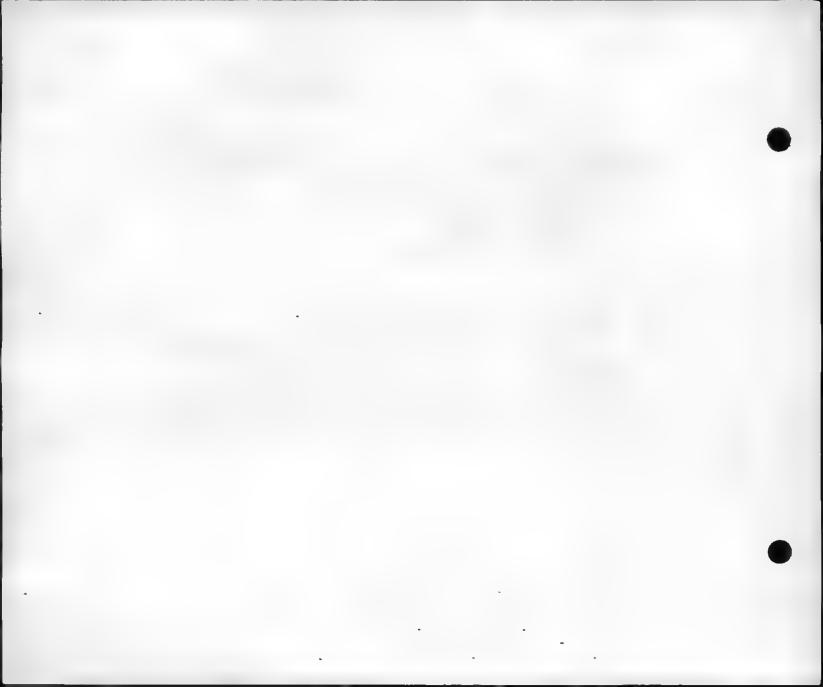
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3.0

		. 00 ,		CERTIFI	CATE	OF DEATH		1739	3 ()
		PLACE OF DEATH				2 USUAL RESIDENCE (W	there deceased lived, if instit	ution Residence bi	afore admission)
		MONTADMERY		MARYI		O. STATE MARY		UNTY /	IDMERY
	1	 OR TOWN (If autside corporate shits, write RURAL and give nearest tawn) 		CLENGTH OF STAY IN	lb	c CITY OR TOWN (If dut	side carparate mits, write R	URAL and give nec	arest tawn)
		SLUER SPRINA		Sweeks		SILVER	SPRING		/ /
		I NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, g	ive street address)		d. STREET ADDRESS			e. IS RESIDENCE
~		111 11 11	aspita.	1		12515 G	EDRGIA AVE.		ON A FARM? YES NO
5		NAME OF Firs	, ,	Middle		Last		inth [Day Year
		DECEASED (Type or print) TANK		Francis	7	Tathill 1	OF DEATH	10	2 19 6 7
	S :	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8	DATE OF BIRTH 6/11	106 9 AGE In years	IF UNDER 1 YEA	
	_	emale White	WIDOWED	DIVORCED		00000000000000000000000000000000000000	last burthday)	Months Dav	
		USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County 8	LState, or foreign country)	12 CITIZEN COUNTR	
		ng most of working life, even if retired) HOUSEWIFE		DUSTRY DVL NOME		DistrictO	fColumbia	USA	(17
		FATHER'S NAME		The state of Bridge		14. MOTHER S MAIDEN N		1 0011	
		William Bean				Catherine	Kerr		
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 9	SOCIAL SECURITY NO	12 1	FORMANT	120	yess (annoi	a due
	(Te	s, no, or unknown) (If yes give war ar dates af	service) No		PAON	iel A. Tothi	11. 54. 5725	er Spran	c. T.d.
	\equiv	18. CAUSE OF DEATH (Enter only one cause	e per line for	(a) (b) and (d)			1 1 1	eeki	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	Pulm	onary Sad	dleE	mbolisDue	ToPeritoni		ONSET AND DEATH
		152 MMEDIATE CAUSE (
		Conditions, if any, which gave 1	M117	tipleFer	itor	nealAbsces	292		
		rise to immediate couse (a)	"/	or broads					
		stating the underlying cause DUE I	rer:	foratedC	arci	.nomaOfSig	moidColon(lWeek)	
			c)						
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		PERFORMED? YES NO
	FIG	200 ACCIDENT WAS UNDERLYING	20h DES	SCRIBE HOW INJURY OC	CURRED (Enter nature of history in P	art I or Part II of item 18.)		
	ERI	OR CONTRIBUTING CAUSE OF DEATH			,				
	<u>8</u>	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20 - 10	IJURY OCCURRED	an Pube	E OF INJURY (Home, farm,	. 20f (City or town)	/f =	(Canan)
	MED.(20c. TME OF MJJRY Manth, Day, Year Haurtaim	While	Not While		iry, street, affice bldg , etc.)	, 20f (City or town)	(County)	(State)
	2-	p.m 19	at work						
		21. I certify that (I) (this hasp	ital) attend	led the deceased t	iram/	1/15 1	967, to 12/	12, 1967.	that (I) (we) los
		saw the deceased alive on	12/11	1967,0	nd that	death occurred of	1: 25 In from couse	s and on the c	late stated above
		22a SIGNATURE	/	1 10-1		ATTEMPING	ALED STATE	22b. DAJE S	GNED
,		Harold	21 4	Indle	M D		MED STAFF DIRECTOR PHYS	12//	2/67
/		22c PHYSICIAN'S	0.11			22d. ADDRESS	C. C.		
		NAME (Type) Harold S.	Trace	? A		18402 Tento	n Street, Si	wer Spr	inc. Ild.
1	230	BURIA., CREMATION, 236 DATE THE	(FOF	23c. NAME OF CEME	TERY OR C	REMATORY Consulations	23d LOCAT ON (City or	Town) (Cau	inty) (State)
	1	REMOVA (Specify) Dec. 15	1967	St. John		rest Glen	Forest yle		and
		MENERAL DIRECTOR Glen C	artero.	223900A	- 1		BY REGISTRAR 25b	REGISTRAR'S SIGNA	
1	180	arner E. Pumphrey.	nc. S.	134 Geraria	10	id MEC	1 8 1967 4	Charles	udge
			C	and are expected	79	TO LU	10 1001 /	- /	1 1'

dy the Tungral Pages 1 ond 2 hours affer deoth. to Hospital or attending Physician: The low requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the "thending physician and completely filled in director, page 3 should be detwiched for "se as the bunio-transit permit. Then please remove, carbon papers, should be filed with the State Dept of Health prior to buriol, cremotion, or removal, and in any event, within 22 the Page 4 may be retained by the hospital or ottending physician

VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon appers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 posts after death.

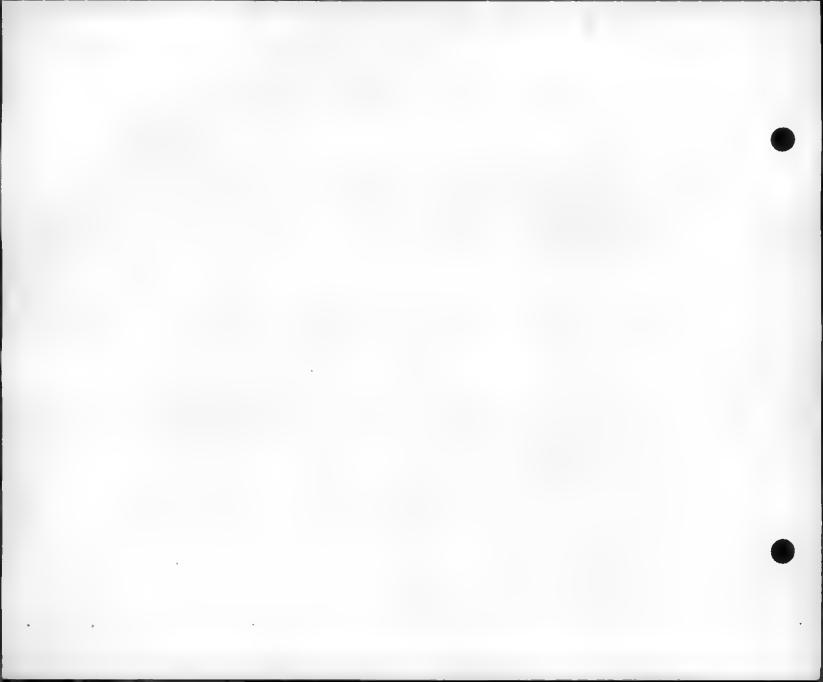
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIFIC	AIL	OF DEATH		j.	113	91	
	LACE OF DEATH . COUNTY . Mo:	ntgomery		MÁRYLA	ND	2. USUAL RESIDENCE (V o. STATE Mary		b. COUNTY		pefore odn	nission)
b	CITY OR TOWN (f outside corporate limit give nearest town)	5,	17 days		Baltimor	rts de corporate limits	write RURAL	ond g ve	neorest tow	m),
		at or institution (if a cal Center		give street oddress) esda, Maryla	nd	d street address 5134 Albe:	rta Avenue	e 2123	36		RESIDENCE A FARM? NO X
3. N	IAME OF ECEASED Type or print)	Danie.	151	Mdole Philip		Trumpe	4. DATE OF DEATH	Month Decem	ber	Doy 22	Year 19 67
5. S	Male	6. COLOR OR RACE White	7 MARRIED WIDOWED	4	LJ }	8 date of Birth 6 March 192	lost h		FUNDER 1 1 Months	YEAR IF U	NDER 24 HR Durs Min
durin	JSUAL OCCUPATION IS MOST OF WORKING	(Give kind of wark done life, even if retired) h⊖r	1Db	KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County Marylan		n†ry)		ZEN OF WHA	
13	13 FATHER'S NAME Raymond Trumpe Cyvilla Myers							S			
15 (Yes	Was DECEASED EVE , no, of Jinknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dates 1942—1944	of service)	SOCIAL SECURITY NO 17-16-8500	1	NFORMANT The M e Clinical	edical Re Center, B	cords" ethesd	a, Ma	arylar	nd
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	Δο	or (o), (b) ond (c)) cute Myocard	ial	Infarction					ND DEATH
	Conditions, if ony, which gove (b) Coronary Atherosclerosis Out to Coronary Atherosclerosis Out to Coronary Atherosclerosis								5 Ye	ars	
	stoting the unde	riving couse	(c) Er	ndogenous Hy			WALL COLORED IN ALL			43 Ye	ars
CERT F CATION				TO DEATH BUT NOT RELATI						PERE YES	ORMED?
	(IF EITHER, NOTIFY	☐ CAUSE OF DEATH MEDICAL EXAMINER)		DESCRIBE HOW INJURY OCCU		, , ,		ım 18.)			
MEDICAL	1.0 PUOH 1.0	m 19	Whi of wo	le Not While ork of work	foci	CE OF INJURY (Home, forn ory, street, office bldg, etc.)		r fown)	(Coun		(Stote)
	21. I certing	21. I certify that (X) (this hospital) attended the deceased from December 5, 1967, to December 24,967, that (1) (we) los saw the deceased alive on December 22 1967, and that death accurred at 4:45 M, from couses and an the date stated above									
	220. SIGNATURE ATTENDING MED STAFF 22b. DATI 23 DIRECTOR PHYS. 23 D						ecemb				
	22c PHYSICIAN'S NAME (Type)	10110110					s of Heal	th, Be	ethes	da, M	d.
	BUR AL, CREMATIC REMOVAL (Specify Burlal	12-27		230 NAME OF CEMETE Baltimore	e Na	ational Cem.		ore,	Co	*	(Stote)
24. £	FUNERAL DIRECTO	R. Juneral	Hern	ADDRESS 740 13 DR		36 250. REC'I	2 7 1967	25h REGIS	STRAR'S SIG	NATURE	A.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH P. CONTATACE a. COUNTY MONTGON'ERS MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) HYATTSVILLE e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS 14th CROSS YES NO F HOLY **TOSPITAL** AVELUC 3 NAME OF Eirst Middle Last 4. DATE Month **DECEASEO** MORTON ÖEATH (Type or pnnt) AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED OATE OF BIRTH last birthdoy) Months Haurs MALE DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10e USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
SALLISTAN COUNTRY? YORK 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ANNA SICKLICK ISAAC UNITERMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 188th Street (Yes, no, or unknown) (If yes give wor or dates of service) 111-09-9888 New York, new York Diana pengis INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: arrest Cardiac 5 ...n. IMMEDIATE CAUSE (a) 5570 DUE TO Congestive heart failure, acute Canditions, if any, which gave Fr rise to immediate cause (a), DUE TO stating the underlying couse (a) Arteriosclerotic cardio vascular disease Yrs. WAS AUTOPSY PERFORMEO? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) mellitu. NO I 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Nat While

20g ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Oov. Year

22a, SIGNATURE

22c. PHYSICIAN'S NAME (Type)

21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an

Goldoor, Funeral Come

of work at work 1907

and that death accurred at 110

22d ADDRESS

M.D.

OIRECTOR

23d. LOCATION (City or Town)

AM, from causes and on the date stated above. 22b. OATE SIGNEO 12-13-67

that (1) (we) last

(State)

REMOVAL (Specify) Juria 24. FUNERAL DIRECTOR

23o BURIAL CREMATION 23b. DATE THEREOF 12-17-1967

National Memorial

4217 9th Street

23c NAME OF CEMETERY OR CREMATORY

25g RECD BY REGISTRAR DATE DEC 2

Falls Church 2Sb. REGISTRAR'S SIGNATURE

(County)

VR A15 (4) 20 M 1/66

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

filled in by papers 1

physician and campletely fen please remave carban

burial, cremation, or removal, and in any event, wrthin

permit.

signed by the burnal-transit p

has been

certificate

TO FUNERAL DIRECTOR: After

director, page 3 shauld should be filed with the

be detached far use as the State Dept. of Health priar ta

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the state Dept. of Health priar to burial, cremation, or removal, and in any event, within 12 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mon, after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

	VARITHERITA VI MADIII (2.00%)							
	1 PLACE OF DEATH O. COUNTY D. STATE O. STAT							
	0	b. COUNTY	ontrameral	MARYLAND	o STATE Mas	glend " (1)	Contemery	
	i	b CITY OR TOWN (If outside write RURAL ons give no		C LENGTH OF STAY IN 16	C CITY OR TOWN (IF OUT)	de carparote limits, write RURAL and o	give podrest town	
		Bet	rinda	16 days	13 The	ida		
7/	(d. NAME OF FIOSPITAL OR IN	ISTITUTION (If not in hospital,	give street address?	d STREET ADDRESS	1 . 1	e IS RESIDENCE ON A FARM?	
V			Melino	Veen Hageifel	8/0	of Wellington h	CICL YES NO	
Л		NAME OF DECEASED	First	Middle 11.	Lost	4 DATE Month	Day Year	
		(Type or print)	Othel	Mae ur	8. DATE OF BIRTH, 189	DEATH 9 AGE (In years IF UND)	ER I YEAR IF JNDER 24 HRS	
	د د	0. (01)	OR OR RACE 7 MARRIED WIDOWED		8. DATE OF BIRTH, 189	last bingday) Months		
	100	LISTIA DEC. PATION (Give ki		KIND OF BUSINESS OR	11 BiRTHPLACE (County &	State or fareign country) 12	CITIZEN OF WHAT	
4	duri	USUA, OCCUPATION (Give king proof of yorking life, even	(retired)	NDUSTRY	Harte I		COUNTRY? 1/50	
		FATHER'S NAME	1	Marine .	14. MOTHER'S MAIDEN NA	ME	16-11	
	•	Cha	rles depo	bett	Genvie	unknown		
	15	WAS DECEASED EVER IN U.S. is, no. or upknown) (If yes g	ARMED FORCES? 16	SOCIAL SECURITY NO 7	INFORMANT /	Address	11/11	
	Į1e	is, no, or tipknown) (ii yes gi	ve war or dates at savide)	213-48-2715	w Kelsh -	- apren 1	(Saughter)	
			ter only one cause per posto	or (a), (b), and (c))			ONSE AND DEATH	
		PART 1. DEATH WAS	AMEDIATE CAUSE (a)	renchiganin	morea		3 Mays	
		Canditions, Tany, which	DUE TO	was line.	Lilar	0_	2 Wearle	
		rise ta immediate cause	(a), (a)	y corracte	- myurci		SC 37 CE/C3	
		stating the underlying co	ouse (c) Co	sonary El	Turo Sole	lace	YEARS	
		PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)						
3	CATIO			<u>.</u> <u>.</u>			PERFORMED? YES NO	
	CERTIFICATION	20a ACC DENT WAS UNDER. OR CONTRIBUTING □ CAUS		DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	rt I or Port I of item 18)		
		(IF EITHER, NOTIFY MEDICAL	EXAMINER)			1 oot	101	
	MEDICAL	20c. TIME OF INJURY Moi Haur o m.	Whil		CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	20f. (City or town) (County) (State)	
	-	ρm.	19 at wo		10	67 10 12 8 11	9 67, that (I) (we) last	
		saw the deceased		naed the deceased from 1.1 19 6 7, and tha	death accurred of		- F - 1 - 1 - 1 - 1	
		22g SIGNATURE	n. 0		ATTENDING	ED. STAFF 22b	DATE SIGNED	
		22c. PHYSICIAN'S	makame	MJ		IRECTOR PHYS 1/2	18/6/	
		NAME (Type)	Sidney J. Mala	awer		onsin Ave. Bethes	da. Marvland	
1	230	BUR AL, CREMATION,	23b DATE THEREOF	T 23c NAME OF CEMETERY OR		23d LOCAT ON (City or Town)	(County) (State)	
		BREMOVAL (Specify)	12/11/67	Ft. Lincoln M			G.Co) Md.	
	24	, FUNERAL DIRECTOR		ADDRESS Wash . D	2Sa. REC'D	BY REGISTRAR 256 REGISTRAR		
1	To	senh Gawlen	e Some 5130 1	disconsin Ar N		3 - 1007 MILE	F. 11. 225	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17394 CERTIFICATE OF DEATH 20 DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR and 2 Month funeral (Type or print) IF UNDER 1 YEAR IF JINDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years HOURS lost bithday) Mary 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (ountry) Holland WIDOWED DIVORCED 120. USUAL OCCUPATION (Kind of work done within NAME OF HOSPITAL OR INSTITUTION (If not in hospitos 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH taw requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY give street oddress) please remave carban physician and campletely event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d INSIDE CITY JAHTS? 13e. STREET AND NUMBER "NO YES IN dny 14 FATHER'S NAME S. MOTHER'S MAIDEN NAME First and in A. Vander Veen Mar tha Rinze K. Elhone 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Gaithersburg Yes, no, or waknown) (If yes guye war or dates of service) 2N Summit 18. CAUSE OF DEATH (Enter only one couse ger has for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE burial-transit p Conditions, if any, which gove: rise to 'mmediate couse (a), signed by AS A CONSEQUENCE OF DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO F of Health Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at work ot work 220. I certify that ((1) (this haspital) attended the deceased from LLF (2012) . 1910/, to 1-24 40, 194 _19651, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an causes stated obove (II) (we) (did) (did not) view the body after death 226-SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22e. ADDRESS 22d. PHYS-CIAN S director, por 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION Bladensburg, Md. REMOVAL (Specify) Lincoln REGISTRAR'S SIGNATURA 2So REC'D BY REGISTRAR VR A S Gaithersburg. Md. 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

PRÉSTON STREÉT, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301 VITAL RECORDS, 301 VITAL RECORDS

		CERTIFICA	ATE OF DEATH		17395		
I. PLACE OF DEATH o. COUNTY Montgomer	y	MARYLANI	Q STATE	Where deceased lived, if institution b. COUNT			
b CITY OR TOWN (If or write RURAL and give Kensingto	utside corporate limits, ve nearest tawn)) 11	c. LENGTH OF STAY IN 16		utside corporate limits, write RUR	AL and give nearest town)		
	OR INSTITUTION (If not in baspit		d street address 4000 Mass	sachusetts Ave.	N.W. e is residence on a farm? yest no [X		
3 NAME OF DECEASED (Type or print)	MARY First		lost NCILL:	4 DATE Month OF DEATH December	21 1967		
Female V		FD K DIVORCED	3 1-6-1878	9 AGE (In years last buthday) YES.	Months Doys Hours Min.		
10a USUAL OCCUPATION (Gr during most of working life, Housewife 13. FATHER'S NAME		b. KIND DF BUSINESS OR INDUSTRY	Pe msylva 14. MDTHER'S MAIDEN		12 CITIZEN OF WHAT COUNTRY?		
Louis Case Is. was deceased ever in		16. SOCIAL SECURITY NO.	Mary Ell	en Devlin			
	ses dine mot or gates of service)	10. SOCIAL SECURITY NO.		ncill- See Item			
1B. CAUSE OF DEATH PART I. DEATH V	I (Enter only one couse per line VAS CAUSED BY. IMMEDIATE CAUSE (a)	for (a), (b) and (c))	1 vesculo	r acida	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, wh	USB (a) (b)			Phone	55		
stating the underlyin		Genore/12	al Condi	idiscular m	ma/0/15025-		
PART II. OTHER SIGNIF	ICAN! CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19 WAS AUTDPSY PERFORMED? YES NO		
200 ACCIDENT WAS UN OR CONTRIBUTING CO (IF EITHER, NOTIFY MED	AUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED (Enter noture of injury in	Port I or Port (I of item 1B.)			
20c. TIME OF INJURY Hour o.m.	1 Brens W	d. INJURY OCCURRED 20e thile Not While work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(County) (State)		
saw the dece	21. I certify that (1) (this haspital) attended the deceased from						
220 SIGNATURE	B. Ch	Mour	M.D ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED / = / = 2 6 7		
22c. PHYSICIAN'S NSME (Type)	OHN B.	IMHBU M.	D 8805	Conn. Are.	Chap Chise		
23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d LOCATION (City or Tow			

Wisc. Wash.

Sons, Inc. %130

Ave:

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

camplete tilled in the tuneral over carbon papers. Pages 1 and 2 over tarbon papers. Pages 1 and 2 over the tuner offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 should be detached for use as the burial-transit permit. Then please remove carb should be filed with the State Dept. of Mealth prior to bur al, cremotion, or removal, and in any event. Page 4 moy be retained by the hospital or attending physician.

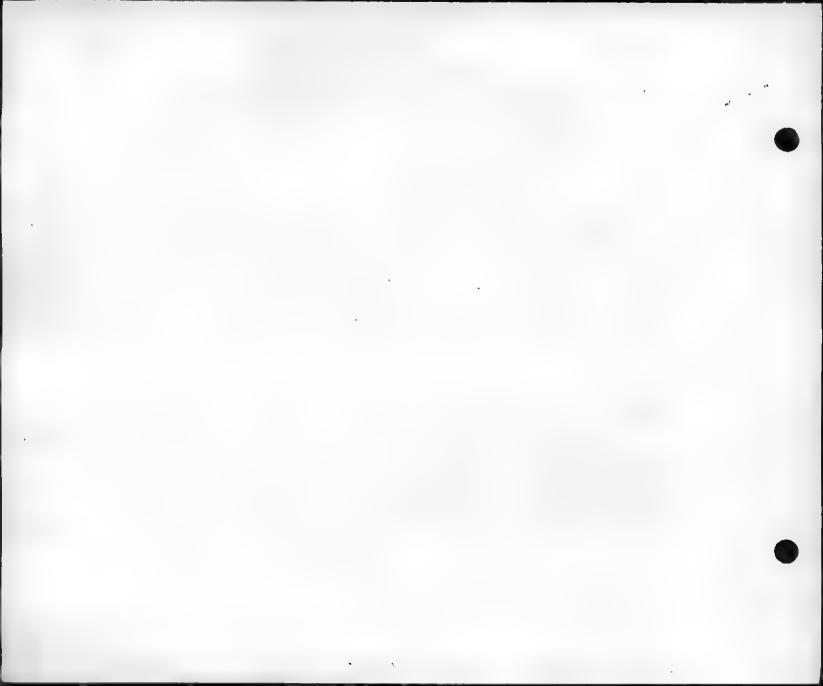
YR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR Joseph Gawler's



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

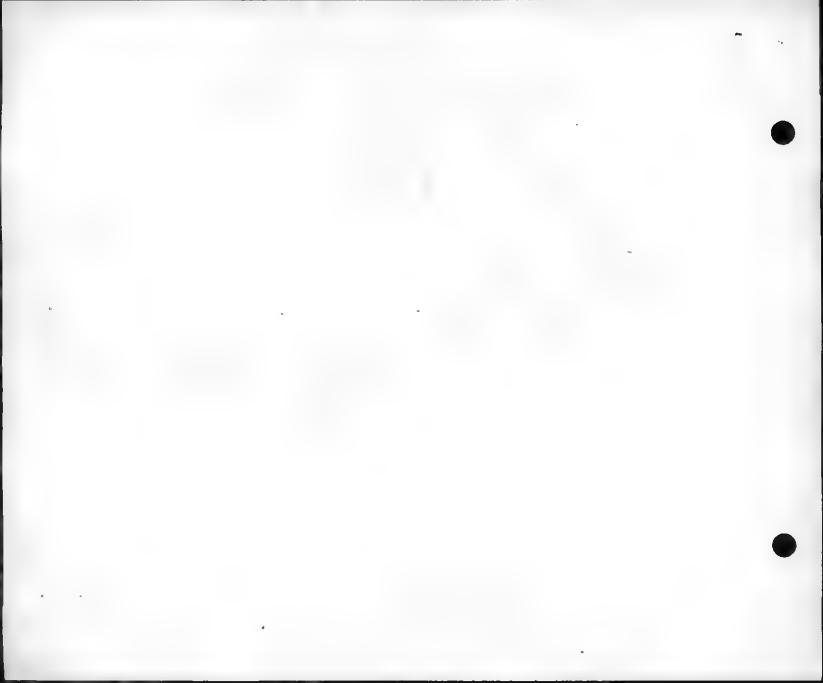
- 23		1.095	CERTIFICATE OF DEATH	17391
r death	1.	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND 2 USUAL RESIDENCE (Where deceased hived, a. STATE Mary land	of institution, Residence before admission) b. COUNTY Prince Cours
at to the state of		b. CITY OR TOWN (If outside corporate limits, c. LENGTH write RURAL and give-nearest town)	H OF STAY IN 16 C CITY OR TOWN (If outside corporate limits,	
filled in the papers. In papers. In papers.)	d NAME OF HOSPITAL OR INSTITUTION (finat in hospital, give street a		B IS RES DENCE ON A FARM? VES NO TO
within 24 hours after lely filled in My 100 ban papers. Page 1 within 77 thurs effel	3	NAME OF FIST	Middle Lost 4 DATE OF	Marth Day Year 18 19 67
cuted omple ve cal	L-		FER MARRIED B DATE OF BIRTH 9 AGE (In last be	years IF UNDER TYEAR THE UNDER 24 HRS
a page	l(a USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10b KIND OF BUSI INDUSTRY		
physician physician nen please aval, and i]	FATHER'S NAME ENRIQUE MARTINEZ VE	14. MOTHER'S MAIDEN NAME LILIAN MIRALE	LES SILVA
leath a		WAS DECEASED EVER IN U.S. ARMED FORCES? (Ses, no, a) unknown) (If yes give war ar dates of service)		Address BREEN BELT, NIL
that the can. by the attractions per	F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), on PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nd (c))	INTERVAL BETWEEN ONSET AND DEATH
2 D T		DUE TO Conditions, if any, which gave) (b)		
w requireding physicen signer the purial arta burial		rise to immediate couse (a), stating the underlying cause last.		
The lor aften attended to the second of the	VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	TT 1(0) 19. WAS ALTOPSY PERFORMED 2- YES NO
PHYSICIAN: e haspital a his tertificate stacked for a Dept. af Hea	CEPTIFICATION	OR CONTRIBUTING COAUSE OF DEATH	W INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ite	The state of the s
~ _ ~	MEDICAL	20k. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCU	JRRED 20e PLACE OF INJURY (Hame, farm, While factory, street, affice bldg., etc.)	rawn) (County) (Stote)
ATTENDING etained by the CTOR: After should be d		21. I certify that/(1) (this haspital) attended the a	deceased fram 6 /4/0, 1962 to	causes and an the date stated above
ac : 20 m ≥		220 SIGNATURE M.) Mores	M.D. PHYS 🔼 DIRECTOR 🔲 PH	AFF 22b DATE SIGNED 12-18-67
FITAL OF THE PRAIN PROPERTY, PAGE THE FILE OF THE PROPERTY, PAGE THE PROPERTY PAGE THE PAGE THE PROPERTY PAGE THE PAGE T		22c. PHYSICIAN'S NAME (Type) MARLIP MOS	NES 22d. ADDRESS SPRINS	11
TO HOSPITAL Page 4 may b TO FUNERAL D director, pag	2	Burial 12/23/67 Ga		Spring, Md.
VR A15 41		Tyson Wheeler Rockvi	DDRESS 2So. REC'D BY REGISTRAR DATE DEC 2 9 190	2Sb. REGISTRAR'S SIGNATURE



ROBERT A. PUMPHREY, Bethesda, Maryland DAT DEC 15

Whanley Judge

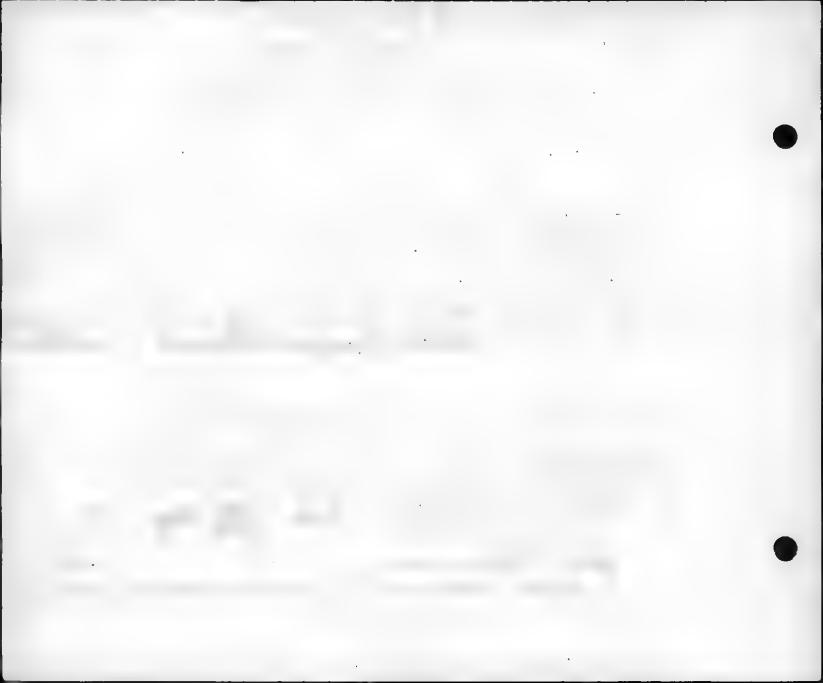
VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ■ath certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY b. COUNTY ONT GOMER ONTOOMERS b CITY OR TOWN (If outside carporate imits, c LENGTH OF STAY IN 16 (If autside corporate Himits, write RURAL and give nearest tawn) write RLRAL and give nearest town ECKVILLE KDCKUILLE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RES DENC ON A FARM? NO X 4. DATE OF DEATH WIT 3 NAME OF Middle pleose remove carbon DECEASED EINZERG 12 ond in any event, (Type or print) 9. AGE, (n years IF JNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** DATE OF BIRTH butheay) DIVORCED 12 CITIZEN OF WHAT 10a, USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRYS ORK UCLE CITIENDY EL 13 FATHER'S NAME offending phys or remayo LSIDORE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give war ar dates of service) NKNOWN burial, cremation INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burral-tronsit PART I. DEATH WAS CAUSED BY The law requires that IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO os the prior to b stating the underlying couse lost. 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

NO 🖂 20a ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year MED Hour o.m. factory, street, affice bldg., etc. at work at wark L. 21. I certify that (1) (this haspital) attended the deceased from 1967, and that death occurred at 950 AM, from courses and on the date stated above. saw the deceased olive, on. 22a. SIGNATUR 22b. DATE SIGNED PHYS. DIRECTOR 22d. ADDRESS BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 3 REMOVAL (Specify) MOUTEFIORECEM 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

has been signed by Page 4 may be retained by the hospital or attending physician. for use State Dept. of Heolth certificate detached director, page 3 should should be filed with the O FUNERAL DIRECTOR: VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17400

	71777
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odm ssian)
MONTS OMERY MARYLAND	O STATE VIRGINIA 6 COUNTY ARLINGTON
b CITY OR TOWN (If outside carporate mits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) KENSINGTON 10-28-67	ARLINGTON, VIRGINIA.
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
Kensington Gardens Junitariu	m 231 N George Mason LA VES I NOX
3 NAME OF First Middle DECEASED (Type of print) BERTHA	Whaley DEath Dec. 14 1967
	8 DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED & DIVORCED	1-25-1909 lost birthday) Months Days Haurs Min.
10a. US.AL.OCCUPATION (Give kind of work done during most of working life, even if repired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote or foreign country) WASNINGTON DC 12 CIT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES KAISER	CLARA ANN DEITRICH
(Yes no are physical) (If yes our wor of dotes of service)	INFORMANT Address Kensingston Mid. 12KGMET M FEWTON 10225 KENS. I Kway
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY.	INTERVAL BETWEEN / ONSET AND DEATH
IMMEDIATE CAUSE (o)	
Candidians of any subjeb anna 3	a Harin
rise to immediate couse (a),	at graph
storing the underlying couse	Dolacia,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMARKS	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
200 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO
200 ACCIDENT WAS JADERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port II of Item 18.)
= (IT CHITEK, NOTH 7 MEDICAL EXAMINEK)	
	CE OF INJURY (Home, form, Orry, street, office bldg., etc.) (City or town) (Caunty) (State)
21 certify that (1) (this hasp@pl) attended the deceased from	196/sta_12/14, 196/, that (1) (we) last
saw the receased alive an Well 1961, and that	death occurred at 3 5 M, from causes and an the date stated above.
220. SIGNAYRE John John Fadoury	ATTENDING MED STAFF 22b. DATE SIGNED
22c PHYSICIAN S	22d ADDRESS
MODEKI VI VIIDADENE	KOCKVILLE, MD. ZOSS 2
230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR -REMOVAL (Specify)	CREMATORY 23d LOCATION (City or fawn) (County) (State)
DUKIAL 12-16-6/ WATIONALIMEN	CRIAL TORK TALLS CHURCH, A-
24 FUNERAL DIRECTOR ADDRESS W.F.	
FJ. COLLINS 2821-148 ST. N.W. D	C. DATE OFC 18 1987 Octionly Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 bayers pit VR A15 (4) 25M 1/67



/and 2

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s. "Rages V and z hours after death. Porferal

Son Dope

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

		DIAIZION OF A	THAL RECURDS, .	301 W. PRESTON ST	KEEL, BALLIMU	IRE, MAKTLAND 21		
	1441111		C	ERTIFICATE OF	DEATH		17	401
	ECEASED-NAME FI	rst	Middle	Last	20	a. DATE OF DEATH		2b. HOUR
1	Type or print)	11/6	how on Ke	on with	FI FIE	Month	Day Year	111/15PM
3. SI	X /	4 RACE	0.000	S. DATE OF B	IRTH	6. AGE (In yes	ars / IF UNDER JYE	
	Forutt.	180	ius.	11/-	.1-1	last birthday	YRS. MONTHS D	AYS HOURS MIM.
70	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHA		8 MARRIED NEVER MAR	9 0	OUNTY OF DEATH	TRUST (
COD	ntry) /12)/HUH	110	4		RCED	11 W1	into 4	Md
10, 1	ITY OR TOWN OF DEATH	11 NAN	NE OF HOSPITAL OR INST	TITUTION (If not in hospital	12g USUAL O	CCUPATION (Kind of work	done 112b KIND	OF BUSINESS OR
L	WHEHIEN	give str	eet oddress) VIVERSIT	1 NURSING"	HOI	of working life, even if re	tired) INDUSTR	Υ
13e	USUAL RESIDENCE (Where dec	eased lived, if institution	Residence before	13c CITY OR TOWN	13d. INSIDE CITY LINE TS?	13e STREET AND NUM	BER	
GGIII	ission) STATE	, 13b COUNTY	/ السوال	· L C 140 2.	YES NO.	170.21	31 - 6 M	
14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S M	AIDEN NAME First	Mi	ddle	last
	Unkno	KI12			Unknow	V2		
	, WAS DECEASED EVER IN U.S. A	1	6b. SOCIAL SECURITY N				iress	
	es, (id, dr diikildwii)	- wor or during of selected	359-09-	NURS	ING ILE	FLORDS 1		
Г	18. CAUSE OF DEATH (Enter		f(a), (b), and (c))	1				ROXIMATE INTERVAL EN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) V Neuro C C C C C C C C C C C C C							
	*		A CONSEQUENCE OF	1 . 1/		n (
	Conditions, if only, which gave) PM(2) two Hear Towwell							
	rise to immediate cause (o stating the underlying cous		A CONSEQUENCE OF		11.	Y		
	lost.	(c)	licy	Tic An	suffic	conce		
П	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE OR COND	ITION GIVEN IN PART 1(0)		
_					V	, ,		
CERTIFICATION	19a. DATE OF OPERATION 11	6 CONDITION FOR WHIC	H OPERATION WAS PER	FORMED 20a. AUTO	PSY?	206 IF YES, WERE FIN	DINGS CONSIDERED I	N CERTIFYING
E				YES [NO □	CAUSES OF DEATH?		
	21a ACCIDENT WAS UNDERL	a . o . iiiiia o .		21c HOW INJURY OC	CURRED (Enter nat	ure of injury in Part 1 or	Part 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF I		Month Doy Year					
₩.	214 INTIDY OF IDED 12		T HOME, FARM, STREEY, FACT	ORY.) 21f. LOCATION Street	at ar R.F.D. No	Eity or Town	County	State
П	While Not while at work	,,	ATTICE BORDING, ETC.					
П	220 L certify that (I)	this hospital) atten	ided the decease	d fram 196	5 , 19	, to 12-24	, 1967, 11	nat (I) (we) last
ı	saw the deceased	alive on Dec	24. 19	967, and that in (m	iy) (bur) opinior	n death occurred on	the date and ho	ur and from the
		ve, (I) (we) (did) (d	lid nat) view the b	ody atter death.				
	22b. SIGNATURE	ul /6	rance	DEGREE PHYS	NG MED.	TOR STAFF	22c DATE SIGNED	4/67
	22d. PHYSICIAN'S NAME (Type)	OBERT!	KRAH	ER 22e. ADD	ORESS/ 848	s4 16 £ 5	T. 85	nd.
230	REMOVAL (Specify) 23	2/28/67	23c NAME OF C	emetery or crematory		r Geo Co Md.		(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shysicial and completely fillest director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban, pape shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event within 7 VR A15 (1) 30M REV 1/68

W.K. Huntemann & Son Flineral "ome 5/32 Georgia Ave N.W. 24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR 256 REGISTATE DEC 29 1987

REGISTRAR'S SIGNATURE



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

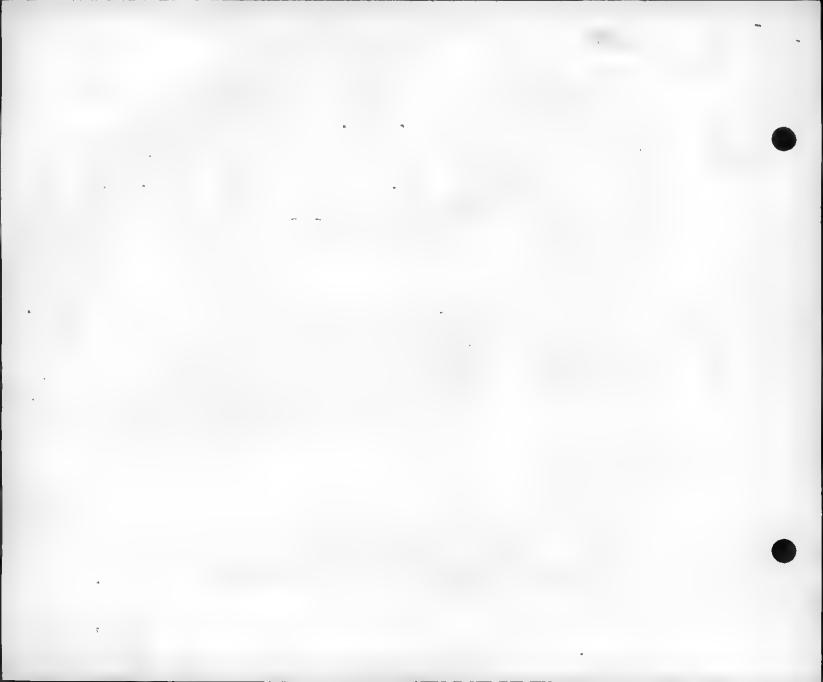
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 40°

	PLACE OF DEATH	11 2			e deceased lived, If in		
Τ,	Montgomery	MARYLAND	a. STATE	Maryland	b. COUNT	Y Prince	George .
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give peacest town)	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If outside	corporate limits, write l	RURAL and give ne	arest town)
	Silver Spring	17 months	Ci	illum			Ŧ
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospit	el, give street address)	d/STREET	ADDRESS			e. IS RESIDENCE
	Oak Haven Nursing Home		625	Sheridan	Street	1	ON A FARM? YES NO 14
3.	NAME OF Burst DECEASED	Middle	Last	4. DAT	TE Month	Day	Year
	(Type or print) GERTRUDE	Cora h.	HEL	ANDE	TH DEC	2-9	1967
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. E	DATE OF BIRT	H	9. AGE (In years		F UNDER 24 HRS.
	F wh. WIDOWED	DIVORCED AP1	ril 26,	1983	last birthday)	Months Days	Hours Min.
10:	USUAL OCCUPATION (Give kind of work 10b. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (County & State	, or foreign country)	12, CITIZEN OF	WHAT COUNTRY?
Re	etired House Cleaner Dis	trict Govt.	Georg	getown, Do	3	USA	
13.	FATHER'S NAME	1 10	4. MOTHER'S	MAIDEN NAME			
	Unknown		Unkı	nown			
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC es, no unkown) (Ifyesg vewerordatesofservice) 217			Whelan-	Address L 2717-Rigds	ue Ter.	S. S. Md
-			200 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per Inc PART I. DEATH WAS CAUSED BY,		P		,		ET AND DEATH
	IMMEDIATE CAUSE (a)	working,	Al	endow In	C-4	CA	L. wilko
1	DUE TO	0 0 0 6		11	_ /		-
	Conditions, if day, which) (b) (are	hal arter	10-50x	terries	Synder	5.22	
	geve rise to immediate cause (e), stating the underlying DUE TO						
	couse ost	trale 1 6	272	in elec	win		
Z	PART I OTHER SIGNIF CANT CONDITIONS CONTE	BUTING TO BEATH BUT NOT	RELATED TO	THE TERMINAL DISE	ASE COND TION GIVE	N IN PART 1 at 19	
15	Ex. Chrond hours	deter tion	/	1 1 1 1	1-50	2 Y	PERFORMED?
5	208 ACCIDENT WAS UNDERLYING TO 1 206. DESCR	RIBE HOW INJURY OCCURED. (E		f neury in Part I by P	art II of stem 18 1	- Then	13 [_] NO 14
CERTIF	OR CONTRIBUTING CAUSE OF DEATH					req	
13			OF INJURY ((City or town)	(County)	(State)
MEDICAL	Hour e.m. While		r, street, office	bldg., etc.)			
*	21. I certify that (I) (this hospital) attende		200 6	7 106-6-	10 12/7-5	10 6.7 1	at (I) (wa) last
	saw the deceased alive on 12/2. 7	19 6777 and that d	eath occur	ed at P.M.	rom the causes a	nd on the dat	e stated above.
	22a SIGNATURE	The state of the s	- Octur	0.00	-	no on me our	22b. DATE
	1111111111	44.00	ATTENDIN PHYS.	MED.	STAFF PHYS.		SIGNED
	22c. PHYSIC AN'S	M.D.	22d. ADD				
	NAME (Grop) S. WILLLIA	MC	35	NEW Y	NEK AL	IE NII	
		23c. NAME OF CEMETERY OR		- /	OCATION IC ty, towi		(54.4)
23	REMOVAL (Specify) Jan 3, 1968	Mt. Olivet	CREMATOR		shington,		(State)
24	(FUNE DIRECTOR SIGNATURE C. Gleti C	artagores 8434- G	a. Ave		GISTRAR 256 REGI		IRF —
1.7	arner E. Pumphrey, Inc. Silv	er Spring. Md.		. 4 3 1	9 1968	Charles	Vocana.
L	Truck De Lomburgh Same	. 0,		DAIL TOTAL			1 0 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17402 CERTIFICATE OF DEATH 17403 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery b. COUNTY o. STATE Montgomery Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN To c. EITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). Wheaton vr.5 mos. Bethesda papers, hn 72 has E d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 305 e IS RESIDENCE ON A FARM? filled KIXIXX University Nursing Home 4977 Battery Lane, Apt. NO X pau NAME OF Middle Lost 4 DATE Month Day Year DECEASED H. Dec. White 16. 19 67 (Type or print) Helen DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS lost birthdoy) Months Davs Hours in any White WIDOWED DIVORCED 11-27-1895 Female 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? physician and Retired Secretary Brooklyn, New York
14. MOTHER'S MAIDEN NAME HSA ar remayal, Lizzie_Swenson John Hanson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Husband Address (Yes, no or unknown) (if yes give war or dates of service) Same as Item 2. 78-12-5580A Lincoln White 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN bur.al-transit RANCHO PNEU MONIA IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if only, which gove ATRO PILY nse to immediate couse (a) DUE TO far use as the L Health prior tab stating the underlying couse this certificate has been PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work at work After 21. I certify that (I) (this hespital) attended the deceased from NOV. 20 1949, 10 DEC 6, 19 67, that (i) (we) lost be retained TO FUNERAL DIRECTOR: saw the deceased alive an DE 1967, and that death occurred at 1.23 AM, from couses and on the date stated above. 220 SIBNATURE 22b DATE 5 GNED M.D DIRECTOR. director, page 22d ADDRESS 5009 Del Ray Ave. ROBERT G. ANGLE NAME (Type) Bethesda, Maryland 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVA (Specify) Silver Spring, Maryland 12-18-67 Gate of Heaven Cem. 1967 256 REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR DEC 2 1 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY. Bethesda. Maryland



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affect seath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all

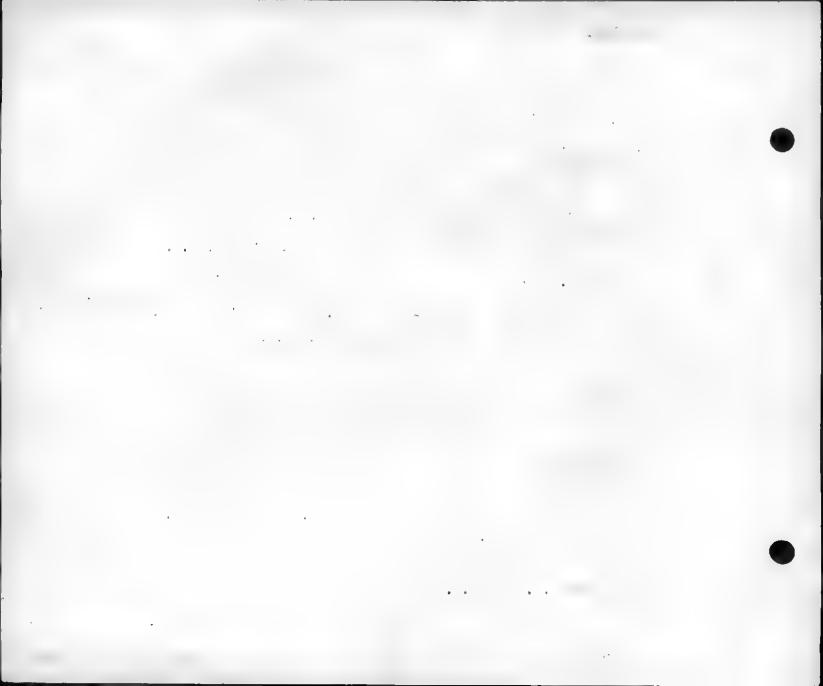
Page 4 may be retained by the haspitol or attending physician.

VR A15 (4) IISM 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)						
	o. COUNTY Mon	gomery		MARYLA	ND	o. STATE Virginia b. COUNTY					
	b. CITY OR TOWN (f autside corporate limit	is,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)					
	Bethesda	give negrest town)		29 days		Annandale					
	d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hespital, g	ive street address)		d STREET ADDRESS			-	e is resid	ENCE
	Naval Ho	spital				4509 Old	Colu	mbia Pike			NO X
. 3	NAME OF DECEASED		irst	Middle		lost	4 DA1			Doy Yea	
	(Type or print)	Lloyd	1	Franklin		WHITE	DEA				67
5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years	Months I	YEAR IF UNDER	24 HRS Min.
-	ale	Cauc	WIDOWED	DIVORCED		Aug. 2, 190		lost burrhdoy) OL yrs			14/111"
	USUAL OCCUPATION ing most of working	(Give kind of work done		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (Count				ZEN OF WHAT NTRY?	
00	ing most of working	me, event it termed)	114	DUSTRI		Johnson C	count	y, N.C.		USA	
13	FATHER S NAME					14. MOTHER'S MAIDEN	NAME				
	Thoma	s L. White				Bessie G	uthr:	idge			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16	SOCIAL SECURITY NO	17. 1	NFORMANT		Annande	ie, Vε	1.	
7	es lec, of Blikilowill	1927 to 19	257 22	4-52-3231	Mr	s. Eleanor	White	e 4509 01	d Colu	umbia Pi	ke
	18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:							ONSET AND D			
	PAKI I. DEA	IMMEDIATE CAUSE	(o) Acu	te Supurati	ve	<u>Peritoniti</u>	S			ONSET AND D	Let (1)
	576)		TO								
	Conditions, if ony rise to immediat		(b)								
	stoting the unde		TO								
	lost.	,	(c)								
- A	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE (OND TON C	GIVEN IN PART I(o)		19 WAS AUTO PERFORME	
SIG										Property and the second	NO 🔲
CERTIFICATION	200 ACGIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCU	JRRED	(Enter noture of injury in	n Port 1 or	Port II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJI	JRY Month, Doy, Yeor				CE OF INJURY (Home, for ary, street, office bldg., et		lf. (City or town)	(Соиг	rty) (!	Stote)
≥	9.1	n. 19		Not While at work							
				led the deceased fr				, to Dec. 31		2! that (t)	
		ceased alive an	Dec. 31	19 67, an	d tha	death accurred a	11155	AM, tram causes (abave.
	220 SIGNATURE		A 4			ATTENDING	MED	STAFF TO		TE SIGNED	
	22C. PHYSICIAN'S	1160	770		M I	D. PHYS L_I	DIRECTO	R PHYS. X	13T n	SC 67	
	NAME (Type	W.R. H	ix, M.D	•			Hospi	tal, Bethe	sda. h	Maryland	l
23	BURIAL CREMATIO			23s NAME OF CEMETE	RY OR			LOCATION (City or Tox			ote)
	REMOVAL (Specify			National M				rlington,	,	Va	
- 1	4. FUNERAL DIRECTO		1500 We	st Brandock	Ro	ad 25o. RE	C'D BY REG	ISTRAR 2Sb RE	GISTRAR'S SIC	GNATURE	٠,
1	Everly-Wh	3		dria, Virgi		DATE	A.N	D 1000 0	Charl	as Jacobs	2
						31	1414	U TOUL		7 6	

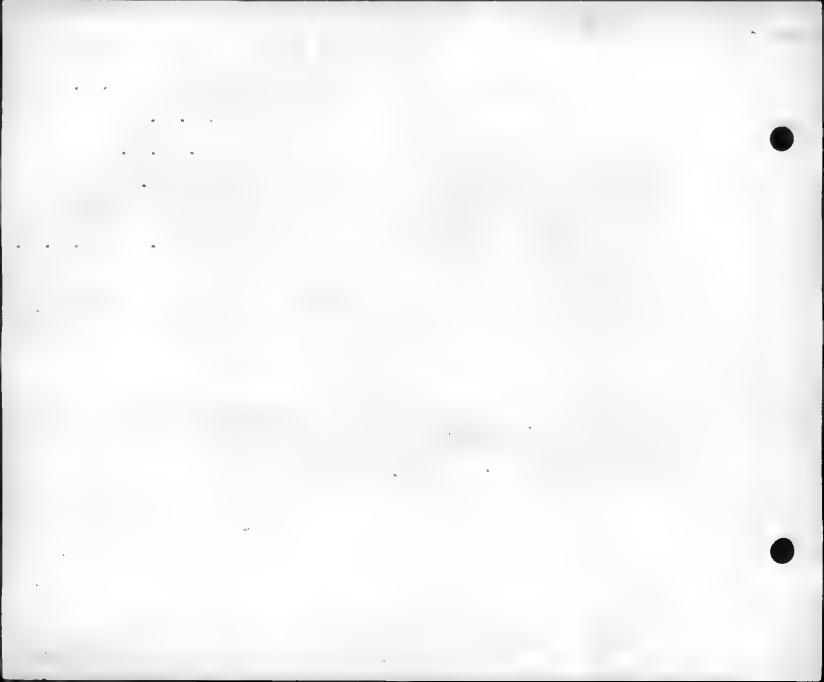


MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
			CERTIFICATE	OF DEATH		17405
	PLACE OF DEATH o COUNTY	Montgomery	MARYLAND		Where deceased lived, if institution ashington b. COUNTY	
	write RURAL RO	If outside carparate limits, d awe negrest tawn)	c. LENGTH OF STAY IN 16 3 months	Washing	side carparate limits, write RURAL Ston, D. C.	47 5
		Valley Nursing		d. street address 4301 War:	ren St., N. V	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or pant)	Ag nes	Middle Virgina W	illiams	4. DATE Manth OF DEATH Dec.	Day Year 30 19 67
1	sex E'emale	6 COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED		L886 lost bigheay)	IF UNDER 1 YEAR IF JNDER 24 HRS Manths Days Haurs Min.
que	ing most of working House	N (Give kind at wark dane libb. KI life, even if retired) IN	ND OF BUSINESS OR DESTRY At Home	Frederic	State, or fareign country) cksburg Va.	12 CITIZEN OF WHAT COUNTRY? S. A.
13	Sanfor	d Allen			Henderson	
15 (Ye	es, na Ma nknawn)	(If yes give war or dates of service) 22	23 66 8344 M	rs Bertha		Jashington, D
	18. CAUSE OF DI PART L DEA	EATH (Enter only one couse per line for TH WAS CAUSED BY IMMEDIATE CAUSE (a)	(a), (b), and (c).) Perlmon	ary El	lema	ONSET AND DEATH
	Conditions, if any use to immediat	te cause (a),	Congesi	TVE HE	ANT FAICUI	RE WEEK
	stating the unde	GNIFICANT CONDITIONS CONTRIBUTING T			HEART FAIL	
CERTIFICATION		GENZ A	ARTERIOSC	LERGSIS	unence	PERFORMED? YES NO X
AL CERTIF	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	7.		
MEDICAL	Haur a.i	m. 19 While at work	Not While of foct	CE OF INJURY (Hame, farm lory, street, affice bldg , etc.)		(Caunty) (State)
	saw the d	fy that (I) (this haspital) attended accessed alive an 12	ded the deceased fram	t death accurred at	967, to FYZES of AM, from causes or	nd an the date stated abave
	220. SIGNATURE		varies, M.	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type				ROCKVILLE	PK, ROCKVILL
230	BURIAL, CREMATIC REMOVAL SOBRE	()	23c NAME OF CEMETERY OR Mt View Ba	ptist	23d LOCATON (City or Town King Geory	ge Cty Md
24	HAPPERT	A Pumphrey 7.	557 Wisconsi ethesda. Md	n Ave 250 RECT	D BY REGISTRAR 250 REG	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after the state Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after the state of the state Dept. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs wither death.



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/406

5	CERTIFICATE	OF	DEATI
	CEICHITCHIE	٠.	DEATH

1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission)					
o. COUNTY MARYLAND	Washington, D. C.					
b CTY OR TOWN (If outside corporate mits, c, LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)					
write RURAL and give nearest town)	Washington, DC					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS 9 IS RESIDENCE					
t team of the or the orthogen (it has the object)	ON A FARM?					
University Nursing Home	5922 13th St., NW YES NO x					
3. NAME OF First Middle	Lost 4 DATE Month Doy Year					
DECEASED (Type or print) Leslie Franklin William	B 0F DEATH 12/9 19 67					
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS					
Male White WIDOWED DIVORCED	9/26/1894 last birthday) Months Doys Hours Min					
100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT					
during most of working life, even if retired) Warehouseman D. C. School Dist	COUNTRY?					
13 FATHER S NAME	Phila. Pa. USA					
13 PATITER 3 NAME	1					
William Williams	Ida Fiza Lecture					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.	7. INFORMANT Address Address Allu					
(Yes, no, or unknown) (If yes give wor or dotes of service)	7. INFORMANT 5922 - 13th Street, N.W. extrude Williams Rashington D. C.					
Yes 197-4332 [C	INTERVAL BETWEEN					
DADT I DEATH WAS CALISED BY	ONSET AND DEATH					
IMMEDIATE CAUSE (0) (Samchogl	nic Caranoma					
DUE TO						
(Conditions, if any, which gove) (b) onset tue	o mars - Zularo					
rise to immediate couse (a), (NIII TO						
storing the underlying couse						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?					
DIA	YES NO X					
200 ACC DENT WAS UNDERLYING 2 205 DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)					
200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20x TIME OF INJURY Month, Day, Yeor Hour o.m. 20d INJURY OCCURRED 20e. While Not While	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)					
Hour o.m. 19 While Not While	foctory, street, office bldg., etc.)					
Bit Walk Co of Work Co	17 - 7 10 / 7 - 12 - 62 10 / 7 - 10 / 10 / 10 / 10 / 10 / 10					
	1 2 - 7 , 19 67, to 12 - 9 , 1967, that (1) (we) last					
Son The deceases and an	that death accurred at 2.145 PM, fram causes and an the date stated above					
.226 SIBNATORE	ATTENDING MED. STAFF 22b. DATE SIGNED					
Mayron L dentin	M.D. PHYS DIRECTOR LI PHYS. LI 12-9-67					
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) Myron L. Lenkin	2309 Shorefield Rd, Wheaton, I'd.					
230 BUR'AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)					
Burgal Dec. 13, 1967 ("It. Olivet	Cemetery Washington D. C.					
C. Glen Cartes 34 ADDRESS gia	7 1 250 REC'D RY REGISTRAR A 25 STORAR S. ACMAZING CONT.					
Varner E. Pumphrey, Inc. Silver Spring	Md DATE DEC 13 196					
worker Co Fundivery, July DALUER ODKING	11a DAIE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbot, papers tages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any event within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law remuires that the death certificate be executed within 114 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



17406

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17407

		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admissian)
	(o. COUNTY Montgomery MARYLAND	STATE Maryland, browny, Mo	nt gomers
	ŀ	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corparate limits, write RURAL and give	negrest tawn)
7		write RURAL and give nearest town) Cahin. John-	Cabin John.	15
		A NAME OF HOSPITAL OR INSTITUTION (I not in haspita, give street address)	d. STREET ADDRESS	e IS RESIDENCE
^)		25. Carver Rd	25 Carver-	ON A FARM? YES NO 🔀
		NAME OF First Middle	Lost 4. DATE Month	Day Year
		OFCEASED VIFTINIS E. K	VIIIIONS DEATH DEC-	19 1967
/	5 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER) Months	YEAR IF UNDER 24 HRS. Days Hours Ann.
		+ P - Colord. WIDOWED DIVORCED	Sept. 16, 1916 51, 415	Days Hours Min.
	1Da	USUAL OCCUPATION (Give kind of work done IDb KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign country) 12 CIT	IZEN OF WHAT
	duri	ng most of working life, even if refired) Charwoman G.S.A.	Montvale, Virginia	21.5 A
		FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	- 4	Allen Curtis	Mary A. Carter	
			INFORMANT Address 25 C	american Del
	(Te	s, na, ar unknawn) (If yes give war ar dates of service)	r. Charles E. Williams Cahi	arver Rd.,
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary infarction	on, bilateral	S ONSET AND DEATH
		DUE TO		
		Conditions, if any, which gave) (b)		
		nse to immediate cause (a). Stating the underlying cause DUE TO		
		lost. (c)		
		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	CATION			YES TO NO
	0 1	2Dg EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of Item 18)	
	CERTIF	PRIMARY I or CONTRIBUTING I CAUSE OF DEATH		
	MED CAL		CE OF INJURY (Hame, farm, 201 (City ar town) (Cau	inty) (State)
	불	Haur a.m. White Nat White fact	ary, street, affice bldg , etc.)	
		21. I certify that I taak charge of the remains described above, he	eld an Autopsy 💢 , Inspection 💢 , Inquiry 💢 ,	and in my apinian
			ide , Hamicide Undetermined manner	
		A ACTION AND A SOLUTION AND A SOLUTI	CHIEF MEDICAL EXAMINER	
		SIGNATURE John S. Ball	M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/20/	67
		NAME (Type)	Address (Street, city, town, or county)	
	23a	BURIA_, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
]	REMOVAL (Specify) Burial 12/23/67	Montvale, Va.	
	24	FUNERAL DIRECTOR ADDRESS (4)	250. REC'D BY REGISTRAR 256 REGISTRAR'S SI	
	//	lossuire Jus. Leve duc, 1:20 Month St. M.	W. SC OBEC 27 1967 Plants	Judge.

VR A15ME (5) 6M 1/67

5 may be retained for your files.

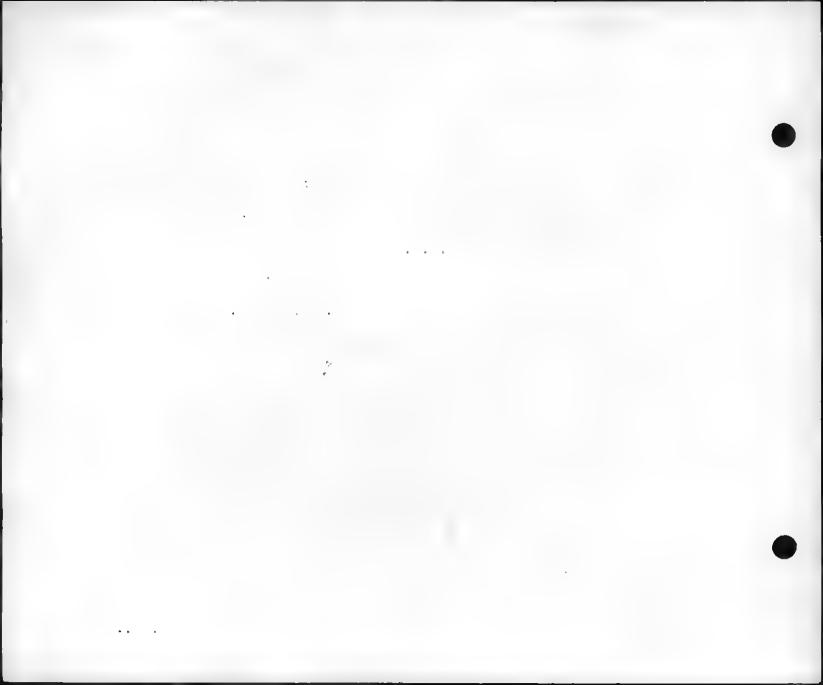
TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Department of

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should We executed within 24 hours ofter death, if amy delay is

MINTER IXAMINER:

TO MIPUTY



CERTIFICATE OF DEATH . 7408 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Montgomery
b. CITY OR TOWN (if outs de corporete limits, MARYLAND Maryland Maryland

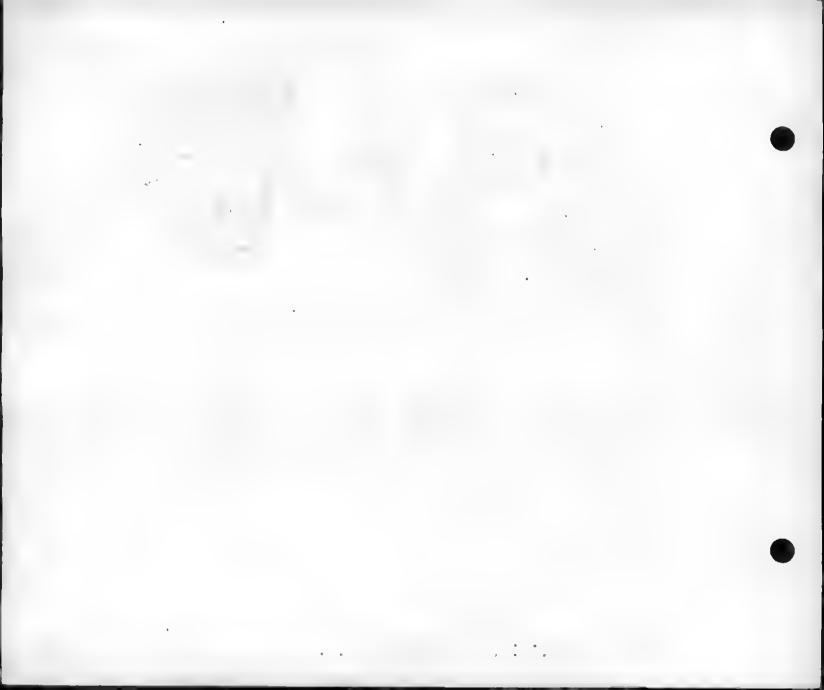
C. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give neerest town! Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street add. ass) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? papers. (ragin 72 hours Thayer Avenue YES NO X Thayer Avenue completel 3. NAME OF DATE M.ddle Year DECEASED OF EMMA V KATE DEATH 27 (Typa or print) WILT 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. carbon 5. SEX B. DATE OF BIRTH AGE (In yeers | IF JNDER 1 YEAR last birthday) and Months Dave Hours Female Caucasian 84 WIDOWED-10a. USUAL OCCUPATION (Give kind of work physician 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY гетоме BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Pennsylvania Hotsewife IISA Home 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME please Ξ ding E. M. Abraham Katherine Yauger aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address Then (Yes, no, or unkown) | (If yes give werer detes of service) Mrs. Ruth Holland Same as Ф above 4 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c) physician. þ active Myscardial Infantion ONSET AND DEATH PART I. DEATH WAS CAUSED BY per Ö mune signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which has been geve rise to immediate causa DUE TO (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? SE 2 NO I prior use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of 'tem 18') 20e ACC DENT WAS UNDERLYING 힏 OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached ģ After 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City of town) (State) 20c. TIME OF INJURY (County) Month, Dev. Year Ų, factory, street, office bldg., etc.) While Not While Hour a.m. Q et work | af work CTOR: 21. I certify that (1) (this hospital) attended the deceased from. Dec 26 saw the deceased alive on and that death occured at. 22b. DATE 22e SIGNATURE ATTENDING STAFF SIGNED PHYS. M D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Sylvan Heights Cemetery Burial Uniontown, Pennsylvania 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Sons, Inc., Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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17409

CERTIFICATE OF DEATH

4 72		- 2 0 1	IIICAIL	VI DEATH		17410		
mera un refeat	1.	PLACE OF DEATH 0. COUNTY Montgemery	ARYLAND 2	Many Mensi	ngton b. cou	tion: Residence before odmission) NTY Montgromery		
by the Pages are aurs offe		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CONTROL OF STA	Y IN 1b	c. CITY OR TOWN (If outsi	de corporote limits, write RU ensington	IRAL and give neorest town)		
24 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Silver Spring Holy Cross Hospital		d. STREET ADDRESS 3912 Wahington St. e. IS RESIDENCE ON A FARM? YES NO				
The state of the s		NAME OF DECEASED Martin Herbert (Type or print)	t	Wright	4. DATE Mon OF L	2 2 Year 67		
icate be executed issician and camplet please remave car. I, and in any event,	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR WIDOWED DIVOR	CED 8. I	DATE OF BIRTH	9. AGE (In years last birthday) O'7 yrs.	Months Doys Hours Min.		
artificate be ex physician and en please rem oval, and in an		usual Occupation (Give kind of work done ing most of working life, eyen if retired) electrician		11. BIRTHPLACE (County & Stote, or foreign country) Wahington, DC 12. CITIZEN OF WHAT COUNTRUS				
ing physic Then ple removal,	13.	FATHER'S NAME Herbert Wright	1	14. MOTHER'S MAIDEN NAME Elva Manning				
attending physpermit. Then plan, or removal,	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 218 05 60 WW1	066 17. INF	ORMANT Ethel W.	Wright same	ess e_item # 2=wife		
that the death certificate be executed in. by the attending physician and cample ransit permit. Then please remave a remation, or removal, and in any even		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	2	green C	il a	INTERVAL BETWEEN ONSET AND DEATH		
physicial physicial signed burial-tr		Conditions, if ony, which gove rise to immediate couse (o),		2,0	a Die	10 spears		
law rending been s the R		stoting the underlying couse last. DUE TO (c)	- and	France	note	Dynn.		
or affer the has a saith programme has a sai	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		***	``	19. WAS AUTOPSY PERFORMED? YES NO		
rsician ospital ospita	MEDICAL CERTIF	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Ent	ter noture of injury in Pa	rt or Part of item 18.)			
the hor this contract detach		2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED While Not While of work of work of work		OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County) (State)		
TENDIN ined by DR: Affe auld be in the Ste				leath accurred at 2	45, to 2-2 34M, fram causes	and an the date stated above		
be retable be retable be be retable birect of		220. SIGNATURE	2. Zind.		ED. STAFF PHYS.	22b. DATE SIGNED 22-24-67		
A page	6	no PHYSICIAN'S NAME (Type) J.S. Rogers 29 19 19 19 19 19 19 19 19 19 19 19 19 19						
Page 4 m Page 4 m 10 FUNER, director, shauld be		b. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CO. Parklaw	m.		23d. LOCATION (City or To Rockville,	Md.		
VR A15 (4) 25M 1/67	24	John Millerler Forher	1/	Pike 250. REC'D		EGISTRAR'S SIGNATURE		

110071 .=) = 1.9 = 1.0 = 1.5 3 = 1.0 = 1.0 elubikoula at the last said tipley or (soft

7410

CERTIFICATE OF DEATH

					1 / / 1							
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)									
	o. COUNTY Man Tanmas	W MARYLAND	o. STATE Maryland b. COUNTY Montgomery									
\vdash	b. CITY OR TOWN (If outside corporate limits) + c. LEN	STH OF STAY IN 16		tside corporate limits, write RUF								
	b. CITY OR TOWN (If outside corporate limits eaton c. LES write RURAL and give negrest town)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Wheat		15	,						
-	SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mrs mos.			/3	IS RESIDENCE						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	er oddress)	d. STREET ADDRESS	e. t	ON A FARM?							
	11931 Viers Mill Road		11931 Vien	s Mill Road	YES	NO NO						
3.	NAME OF First	Middle	Lost	4. DATE Mont	h Doy	Year						
	(Type or print) James R	ober1.	ZEHNER	DEATH DEC	. 18	1967						
5.	SEX 6. COLOR OR RACE 7. MARRIED (X)	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		FUNDER 24 HRS.						
1	MAIR WHITE WIDOWED [DIVORCED 🔲	12/27/19	lost birthdoy)	Months Doys	Hours Min.						
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF W	/HAT						
qhi	ing most of working life, even if retired) INDUSTRY	0 100	Anderson Indiana Country?									
13	FATHER'S NAME	Equipmen	14. MOTHER'S MAIDEN		(LaDa')	-						
	Gloyd Zehner		Irene Sandifer Shaffer									
_		SECURITY NO. 17.	INFORMANT		E Mill Roa	1						
	es, no, or unknown). (If yes give wor or dotes of service)				I live Koa	a						
	yes Will-Korea Yes		rgaret Zehne	a wheezen, m								
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I: DEATH WAS CAUSED BY:	_	1			AND DEATH						
П	MARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) acute myocardial Infarction MINUTES											
	7 2 1 DUE TO											
П	Conditions, if ony, which gove) (b) arle	RIOSCIER	eTic Hea	RI DISCON	se 124	1eaR3						
rise to immediate couse (o), Stoting the underlying couse (DUE TO												
1	last. (c)											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE COL	DITION GIVEN IN PART 1(a)	19. W	AS AUTOPSY						
CERTIFICATION	MATERIAL PROPERTY OF THE PROPE	-			PEI YES	RFORMED?						
2	20- ACCIDENT WAS UNDERLYING TO 201 DESCRIPT	JOHN INTERNACE DECEMBER	(Enter active of falue in	Dart I as Dart II of Itary ID)	163							
RTI	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TOW INJURY OCCURRED.	feuter notine of julinia in	Port 1 or Port II of item 1B.)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. FIME OF INJURY Month, Day, Year 20d. INJURY O		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County)	(Stote)						
ME	10 9111114	of work	iory, sileer, office blog., etc.,									
	21. I certify that (1) (this haspital) attended the deceased from June, 1966 to Dec 18, 1967, that (1) (we) los											
	saw the deceased alive an Dec 17 1967, and that death accurred at 3 52 M, from causes and an the date stated above											
	220, SIGNATURE 22b. DATE SIGNED											
	(Xaymond T. Benack MO M.D. ATTENDING MED. DIRECTOR STAFF 12/18/67											
	22c. PHYSICIAN'S		22d. ADDRESS	,								
	NAME (Type) & Aymond 1. De	MACK MI	0 4/15 C	slie PR. L	Uhealon	, md.						
23	BURIAL CREMATION. 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR	CREMATORY	Z3d. LOCATION (City or To	wn) (County)	(Stote)						
	Burral Dec. 20: 1967	Baltimore 1			Manuland	()						
2	FUNERAL DIRECTOR CLARES WILLIAM	ADDRESS	the state of the s		GISTRAR'S SIGNATURE!	1.0						
10	Names Clark mphrey Inc. 843	4 Georgia 1	100.	FC 2 6 1967	y Clares	most						
DX	SUL SULLE CONTRACTOR SIL	DEA DOMANG	Md DATE		(1							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled ing directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 7th VR A15 (4) 000

